NUTRITION CLUSTER HANDBOOK

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A practical guide for country-level action

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The material contained in this handbook draws on a broad range of materials, including:[1]

- guidance documents on the Cluster Approach developed by the Inter-Agency Standing Committee (IASC);
- reviews of cluster function by the IASC, the Global Nutrition Cluster and NGO partners;
- real-time evaluations, country-level evaluations and lesson learning;
- other cluster and coordination handbooks;
- Global Nutrition Cluster tools and resources;
- training materials in cluster coordination;
- first-hand experience of nutrition in emergencies of practitioners in the field.

The Harmonised Training Package (HTP), produced by NutritionWorks, the Emergency Nutrition Network and the Global Nutrition Cluster (2011), was the primary technical companion to this material at the time of publication. The majority of materials used for the development of this handbook, in addition to cited resources, are available on the GNC website and on the accompanying CD-ROM.

Preparation of the Nutrition Cluster Handbook involved the collaborative effort of a wide range of Nutrition Cluster practitioners and partners. Particular acknowledgement is given to Josephine Ippe (UNICEF: Global Nutrition Cluster Coordinator), Diane Holland (UNICEF: Lead Consultant), Leah Richardson (UNICEF: Lead Technical Reviewer), Franck Bouvet (UNICEF: Global WASH Cluster Deputy Coordinator), Pablo Alcalde (ACF Spain) and Carmen Paradiso (IMC) for the development of the material. Technical feedback from Sabah Barigou (UNICEF: Nutrition Cluster Coordinator (NCC)), Mercy Chikoko (UNICEF: NCC), Carmel Dolan (ENN), David Doledec (UNICEF: Global Nutrition Cluster Coordination Team (GNC-CT)), Valerie Gatchell (Independent), Jan Komrska (UNICEF) and Leisel Talley (CDC) is gratefully acknowledged. In addition, valuable contributions were made by focal persons for cross-cutting issues, including Jo Wells (HelpAge)/Pascale Fritsch (HelpAge) for age, Galit Wolfensohn (UNICEF)/Delphine Brun (GenCap) for gender, Blerta Aliko (UNICEF)/Beatrice Progida (UNICEF) for early recovery, Annmarie Isler (WFP)/Mutinta Hambayi (WFP) for HIV/AIDS and Erik Kastlander (OCHA NATF).

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1 For further details, see Annex 1.

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OVERVIEW OF THE HANDBOOK

Purpose and target audience: The purpose of the handbook is to provide those involved in nutrition coordination with relevant tools, guidance, information and resources to support their roles in facilitating predictable, coordinated and effective preparation for, and responses to, nutrition needs in humanitarian emergencies. Rather than being prescriptive, the handbook aims to raises key issues encountered to date in the application of the Cluster Approach in nutrition that should be considered in emergency response. Available guidance is provided in relation to emergency preparedness, activating the cluster and emergency response, and transitioning out of the emergency phase. Where there is no formal guidance in these areas, issues to consider are presented. The handbook does not provide in-depth reiteration of technical information, but does provide references for resources for additional detail in these areas. Updated information, tools and resources can be found on the Global Nutrition Cluster website.

Among others involved in nutrition coordination in emergencies, this handbook is aimed at Nutrition Cluster Coordinators (NCCs), Nutrition Cluster partners and staff within the Cluster Lead Agency (CLA) and partners from other clusters, in particular those with relevant links to nutrition outcomes. The majority of the guiding principles outlined in the handbook are relevant for sector coordination in both emergency and non-emergency settings.

Contents: The handbook aims to address in a practical manner the 13 functional areas described in the generic Terms of Reference (TOR) for sector/cluster leads at country level. The handbook aims to be applicable across the range of country contexts and different types of emergency, spanning acute-onset/slow-onset, natural disasters, conflict and protracted crises. The contents build on core components contained in existing cluster handbooks and IASC documentation on the Cluster Approach. The handbook also reflects available lesson learning around the Cluster Approach, across clusters and within the Nutrition Cluster. Case examples are included in order to illustrate the application of principles and standards and to balance theoretical with operational guidance – they are not intended to be illustrative of best practices. Cross-cutting issues are highlighted in a separate section under strategy development (Chapter 5), and are incorporated throughout the handbook where relevant.

Structure: The handbook is divided into ten chapters (Table 1). Each chapter provides an overview and key messages, highlighting key principles and standards, as well as practical guidance and common challenges faced in applying these. Further reading, tools and resources are also found in each chapter.

Table 1: Overview of key Nutrition Cluster outputs

Nutrition Cluster coordination mechanisms, involving UN agencies, NGOs, CBOs, national authorities, donors and affected communities, are established at national level (and sub-national level where applicable).	Chapter 1
The **Nutrition Cluster coordination team** is established with clear roles and responsibilities.	
Working relationships between Nutrition Cluster partners are developed.	Chapter 2
Nutrition Cluster **coordination meetings are used effectively,** and Nutrition Cluster partners are able to collaborate based on the Principles of Partnership.	
The Nutrition Cluster is able to **engage with other clusters** and other coordination structures.	
Context-specific **information management (IM) systems** are established, based on mapping of information systems and needs.	Chapter 3
Regular outputs of the IM system are generated, **e.g. mapping of Nutrition Cluster actors** and nutrition services and up-to-date **information on the nutrition situation** and needs (e.g. regular Situation Reports and Nutrition Cluster bulletins).	
Initial and ongoing **assessments** within the Nutrition Cluster and **coordinated assessments with other clusters** are conducted and shared, and are used to inform response strategy development and monitoring and evaluation (M&E).	Chapter 4
A joint, regularly updated **Nutrition Cluster response strategy**, with clear priorities and objectives for addressing priority nutrition problems, risks and gaps and taking into account cross-cutting issues and early recovery, is developed and implemented.	Chapter 5
In-crisis contingency planning is incorporated into the Nutrition Cluster response strategy.	
Emergency preparedness activities are identified and incorporated into strategic planning.	
Technical and Nutrition Cluster-level **standards** are identified, developed, updated and promoted.	Chapter 6
Gaps in **capacity** in the Nutrition Cluster are identified and a strategy to address them is developed and implemented.	
A common **advocacy strategy** and action plan are developed and implemented.	Chapter 7
The Nutrition Cluster engages with the media and other stakeholders through **external communication**.	
Nutrition Cluster priorities are reflected in **resource mobilisation** efforts, including joint appeals, fundraising documents and pooled fund applications.	Chapter 8
Necessary **supplies and equipment** are identified and mobilised.	
An **M&E framework** for the Nutrition Cluster and for technical programming is established and information is used to promote quality responses.	Chapter 9
Lesson learning is conducted and outputs used to improve Nutrition Cluster responses.	
Country-level Nutrition Clusters engage with the **Global Nutrition Cluster**.	Chapter 10

The handbook is available in printed form with a CD-ROM upon written request to: gnc@unicef.org. The CD-ROM launches automatically on most computers, and uses simple navigation from the Contents page to individual chapters and sections. This electronic version is also available for download from the Global Nutrition Cluster website.

The **annexes** include tools that are often critical in establishing a Nutrition Cluster at country level, while additional tools and resources are available on the CD-ROM and on the Global Nutrition Cluster website.

For quick reference, specific symbols are used throughout the document in order to highlight:

✔ = important principles or actions

● = sub-points

➜ = useful websites with further information and resource materials

🗋 = reference documents that are on the CD-ROM.

This is the first edition of the Nutrition Cluster Handbook. Suggestions for further improvement are welcomed and should be directed to: **gnc@unicef.org**.

ACRONYMS AND ABBREVIATIONS

ACF	Action Contre la Faim
AIDS	Acquired immunodeficiency syndrome
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
ARI	Acute respiratory infection
ART	Antiretroviral treatment
AWG	Assessment Working Group
BMS	Breastmilk substitute
CAP	Consolidated Appeals Process
CBO	Community-based organisation
CC	Cluster Coordinator
CCC	Core Commitments for Children (UNICEF)
CCCM	Camp coordination/camp management
CE-DAT	Complex Emergency Database
CERF	Central Emergency Response Fund
CHAP	Common Humanitarian Action Plan
CHF	Common Humanitarian Fund
CLA	Cluster Lead Agency
CMAM	Community-based management of acute malnutrition
COD	Common operational dataset
CRED	Centre for Research on the Epidemiology of Disasters
CWGER	Cluster Working Group on Early Recovery
DHS	Demographic and Health Survey
DRR	Disaster risk reduction
ECHO	ECHO Humanitarian Aid and Civil Protection Department of the European Commission
EPF	Emergency Programme Fund (UNICEF)
EPRP	Emergency Preparedness and Response Plan
ER	Early recovery
ERC	Emergency Relief Coordinator
ERF	Emergency Response Fund
FANTA	Food and Nutrition Technical Assistance
FEWS NET	Famine Early Warning Systems Network
FTS	Financial Tracking Service (OCHA)
GAM	Global acute malnutrition
GBV	Gender-based violence
GHD	Global Humanitarian Donorship initiative
GHP	Global Humanitarian Platform
GIS	Geographical information system
GNC	Global Nutrition Cluster
GNC-CT	Global Nutrition Cluster Coordination Team
GPS	Global Positioning System
HAP	Humanitarian Action Plan

HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HIC	Humanitarian Information Centre
HIV	Human immunodeficiency virus
HNTS	Health and Nutrition Tracking Service
HRF	Humanitarian Response Fund
HTP	Harmonised Training Package
IARRM	Inter-Agency Rapid Response Mechanism
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
ICRC	International Committee of the Red Cross
IDP	Internally displaced person
IFE	Infant feeding in emergencies
IFPRI	International Food Policy Research Institute
IFRC	International Federation of Red Cross and Red Crescent Societies
IM	Information management
IMU	Information Management Unit
IMWG	Information Management Working Group
IOM	International Organization for Migration
IPC	Integrated Phase Classification
IRA	Initial Rapid Assessment
ISO	International Organization for Standardization
IYCF	Infant and young child feeding
KM	Knowledge management
MAM	Moderate acute malnutrition
M&E	Monitoring and evaluation
MDD	Micronutrient deficiency disease
MICS	Multi-Indicator Cluster Survey
MIRA	Multi-Cluster/Sector Initial Rapid Assessment
MOH	Ministry of Health
MOU	Memorandum of Understanding
MUAC	Mid-upper arm circumference
MYR	Mid-Year Review
NAF	Needs Analysis Framework
NATF	IASC Needs Assessment Task Force
NCA	Nutrition causal analysis
NCC	Nutrition Cluster Coordinator
NCHS	National Center for Health Statistics
NFI	Non-food item
NGO	Non-governmental organisation
NICS	Nutrition Information in Crisis Situations
NUGAG	Nutrition Guideline Expert Advisory Group
OCHA	UN Office for the Coordination of Humanitarian Affairs

OHCHR	UN Office of the High Commissioner for Human Rights
OPS	Online Project System (OCHA)
OTP	Outpatient therapeutic programme
PCNA	Post-Conflict Needs Assessment
PDNA	Post-Disaster Needs Assessment
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission (of HIV)
POLR	Provider of last resort
POP	Principles of Partnership
PSD	Preliminary scenario definition
RC	Resident Coordinator
RTE	Real-time evaluation
RUSF	Ready-to-use supplementary food
RUTF	Ready-to-use therapeutic food
SADD	Sex- and age-disaggregated data
SAM	Severe acute malnutrition
SAG	Strategic Advisory Group
SC	Stabilisation centre
SCN	UN Standing Committee on Nutrition
SFC	Supplementary feeding centre
SFP	(Targeted) supplementary feeding programme
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SOP	Standard Operating Procedure
SUN	Scaling Up Nutrition
TFC	Therapeutic feeding centre
TOR	Terms of Reference
TWG	Technical Working Group
U5	(Children aged) under five
UNCT	United Nations Country Team
UNDP	UN Development Programme
UNFPA	UN Population Fund
UNHCR	Office of the UN High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
3W	Who, What, Where
4W	Who, What, Where, When

Chapter 1

THE NUTRITION CLUSTER AT COUNTRY LEVEL

Chapter 1:

THE NUTRITION CLUSTER AT COUNTRY LEVEL

This chapter highlights the main operational considerations to be taken into account in establishing a Nutrition Cluster at country level, based on global guidance and on experience from the field.

1.1	**Establishing the Nutrition Cluster**	• What is a nutrition emergency and how is it defined? • Should a Nutrition Cluster be activated? • What should the Nutrition Cluster structure look like at country level?
1.2	**Roles and responsibilities of the Cluster Lead Agency (CLA) for nutrition at country level**	• What are the specific responsibilities outlined for the CLA and its head?
1.3	**Roles and responsibilities of the Nutrition Cluster coordination team at country level**	• Recommended preparation for Nutrition Cluster coordination team members • What are the overall responsibilities of the Nutrition Cluster Coordinator (NCC)? • What are the overall responsibilities of the information management (IM) manager? • How to maintain the identity of the Nutrition Cluster coordination team • Practical activities for the NCC in the first 30 days
1.4	**Roles and responsibilities of Nutrition Cluster partners**	• Who are Nutrition Cluster partners? • What is expected of Nutrition Cluster partners? • How the Nutrition Cluster can formalise itself through Terms of Reference

KEY POINTS

- Nutrition emergencies occur under a wide range of circumstances. The declaration of a nutrition emergency and activation of a Nutrition Cluster need to be based on a sound assessment and analysis of the situation and of the underlying causes of the emergency.

- The overall emergency response should support the national authority. Responses should be framed through the lens of an early recovery approach, with a clear transition strategy outlined from the activation of the Nutrition Cluster.
- The Nutrition Cluster is open to agencies which are committed to supporting nutrition response in line with agreed good practice standards, and which are willing to actively engage in strengthening the capacity of nutrition in-country and to contribute to the strategic priorities and targets of the Nutrition Cluster. The level of participation will vary, from active participant to information sharing to observer status.
- The structure of the Nutrition Cluster coordination mechanism will depend on the scale of the emergency, capacity and the scale of the response. Roles and responsibilities at national and sub-national levels and between the Cluster Lead Agency (CLA), Nutrition Cluster coordination team and Nutrition Cluster partners should be clearly defined to promote effective collaboration.
- Effective coordination is the outcome of efforts at many levels by the CLA, the Nutrition Cluster Coordinator (NCC) and Nutrition Cluster partners, and by inter-agency and inter-cluster support and coordination mechanisms.

1.1 ESTABLISHING THE NUTRITION CLUSTER

1.1.1 What is a nutrition emergency and how is it defined?

Humanitarian emergencies have been broadly defined as any situation where humanitarian needs are of sufficiently large scale and complexity that significant external assistance and resources are required and where a multi-sectoral response is needed, with the engagement of a wide range of international humanitarian actors.[2] However, there is limited practical guidance on defining a humanitarian emergency in terms of specific indicators with thresholds for action. Similarly, there are challenges in how to define nutrition emergencies.

There is no universally accepted definition of the terms “nutrition emergency” or “famine”. Various attempts have been made to define and classify the severity of an emergency using specific data in the population (usually acute malnutrition and

[2] IASC (2007). *Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies*.

mortality) as indicators of distress, which are compared against thresholds[3] that define the level of severity. These classification systems suggest that emergencies can be divided into progressive stages. In the most extreme stages, levels of food insecurity, malnutrition and mortality are so severe as to classify the situation as a "famine".[4] Classification systems commonly used in nutrition emergencies include:

- World Health Organization (WHO) classification of severity of malnutrition in a community, based on the prevalence of wasting and mean weight-for-height z-score, for children under five years of age (2000);
- Overseas Development Institute (ODI) level and type of food security (2003);
- Howe and Devereux famine magnitude scale (2004); and
- Food Security and Nutrition Analysis Unit (FSNAU), Somalia/UN Food and Agriculture Organization (FAO) Integrated Phase Classification (IPC) (2006).[5]

In addition, various agencies, including the World Food Programme (WFP) and Save the Children, have developed decision-making frameworks for response options and ration types to guide field practitioners, but these require consensus and a firm evidence base before further dissemination.[6]

Frameworks, however, have their limitations:

- Decision-making frameworks are not prescriptive, and need to be used relative to the local context. Current recommendations are to **consider overall trends** in global acute malnutrition (GAM) and severe acute malnutrition (SAM) as part of a

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3 In H. Young and S. Jaspars (2009). *Review of Nutrition and Mortality Indicators for the IPC: Reference Levels and Decision-Making*, the term "reference level" is proposed as being more useful than "benchmark" or "threshold", terms which are often used interchangeably. This term is considered to be more appropriate as it suggests a reference point to guide decision-makers, unlike a threshold, which suggests a sudden change that should serve as a trigger.

4 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies*. *Module 1: Introduction to Nutrition in Emergencies. Version 2*.

5 WHO (2000). *The Management of Nutrition in Major Emergencies*. WHO: Geneva; J. Darcy and C.-A. Hofmann (2003). *According to Need? Needs Assessment and Decision-Making in the Humanitarian Sector*, Humanitarian Policy Group Report 15, Humanitarian Policy Group, September 2003; P. Howe and S. Devereux (2004). *Famine intensity and magnitude scales: A proposal for an instrumental definition of famine, Disasters*, 28(4), 23 November 2004; FAO, Food Security Analysis Unit – Somalia (2006). *Integrated Food Security and Humanitarian Phase Classification: Technical Manual Version I*. Technical Series Report No. IV, FAO, Nairobi. See *Harmonised Training Package: Module 1* for more details.

6 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies*. *Module 12: Management of Moderate Acute Malnutrition. Version 2*.

thorough situation analysis, rather than to wait until a certain threshold has been reached, when it could be too late to implement an effective response.[7]

- Thresholds for GAM prevalence in existing frameworks are based on the 1978 National Center for Health Statistics (NCHS) Growth Reference Population, as opposed to the 2006 WHO Child Growth Standards. **These thresholds are being reviewed to confirm if they are still relevant when used with prevalence based on the 2006 WHO Child Growth Standards.** In addition, **collecting anthropometric and mortality information requires time and resources**, which can lead to a delay in response.
- The focus on anthropometric and mortality information in some frameworks also underplays the critical issues of micronutrient deficiency diseases (MDDs) and optimal infant and young child feeding in emergencies.

Ultimately, the declaration of a nutrition emergency needs to be based on a clear assessment and analysis of current status and risk, and on the potential for deterioration as a result of the emergency (section 3.4 and Chapter 4).

1.1.2 Should a Nutrition Cluster be activated?[8]

The decision to formally activate the Cluster Approach at country level is facilitated by the Resident Coordinator (RC)/Humanitarian Coordinator (HC), in consultation with relevant national authorities and Inter-Agency Standing Committee (IASC) partners or the Humanitarian Country Team (HCT).[9] Through a consultative process, the priority clusters for activation and the dedicated Cluster Lead Agencies (CLAs) are decided. Once the IASC has reviewed and responded to the Emergency Relief Coordinator (ERC) on the proposal, the RC/HC informs the national authority and partners of the activation[10] (section 10.3).

UNICEF is the global CLA for nutrition (section 10.2) and has responsibility for facilitating discussion and analysis of whether a Nutrition Cluster is needed, and

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7 H. Young and S. Jaspars (2009). *Review of Nutrition and Mortality Indicators for the IPC: Reference Levels and Decision-Making. Geneva:* UNSCN.

8 IASC (2007). *Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies; IASC (2007). Operational Guidance on Designating Sector/Cluster Leads in Ongoing Emergencies.*

9 The IASC includes OCHA, UNICEF, UNHCR, UN-HABITAT, WFP, UNDP, UNFPA, FAO and WHO as full members. Standing invitees are ICRC, IFRC, IOM, OHCHR and three umbrella organisations representing the interests of national and international NGOs – the International Council of Voluntary Agencies (ICVA), InterAction and the Steering Committee for Humanitarian Response (SCHR) – together with the Representative of the Secretary-General on Internally Displaced Persons (RSGIDP) and the World Bank.

10 Examples of requests for clusters and the response from the ERC can be found on the GNC website.

> Activation of the Cluster Approach can encourage discussions around quality, completeness of programming, funding and reporting, according to accountabilities defined under the approach. At the same time, partners should be encouraged to work within the principles of collaboration and coordination outside of the emergency, e.g. in emergency preparedness and capacity building.

for recommending whether or not it should be activated. The time for consultation is often short, and decisions are often taken by non-technical people. At the same time, nutrition staff, national authorities and coordination mechanisms for nutrition at country level (if they exist), as well as the Global Nutrition Cluster Coordination Team (GNC-CT), can provide necessary insights (section 10.4). The GNC-CT will also advocate with relevant bodies for the establishment of a Nutrition Cluster.

The activation of specific clusters will depend on the humanitarian emergency and the response capacities of the national and international actors involved. Clusters are supposed to be activated only in those sectors or thematic areas where existing coordination mechanisms are insufficient. Some things to keep in mind are that:

- ✔ the aim of the Nutrition Cluster is **to support, but not replace, existing national capacity**. The Nutrition Cluster should contribute to sustainable coordination mechanisms for the sector;
- ✔ building on and strengthening national and local development initiatives should be at the core of the Nutrition Cluster's strategy;
- ✔ **roles and responsibilities**, including reporting lines and communication channels, within the Nutrition Cluster structure, as well as between the Nutrition Cluster and existing coordination bodies, **need to be defined from the outset to ensure efficient and effective collaboration**;
- ✔ the **time-bound nature of cluster support needs** to be **clear in initial discussions around activating the Nutrition Cluster**, to ensure that specific activities related to transitioning from the Cluster Approach to sector coordination are incorporated into planning the Nutrition Cluster response strategy from the beginning (sections 5.2.10 and 10.3.8).

Some key questions to consider around whether or not a Nutrition Cluster is needed include:

A review conducted in 2007 found that effective Nutrition Clusters:[1]

- filled an identified gap and therefore offered something worthwhile to participating agencies;
- agreed and maintained a clear focus and role;
- included both information exchange and shared operational elements (e.g. assessments, advocacy, tools or training);
- created a modus operandi whereby no single agency was felt to be pushing an agenda;
- were facilitated by a Nutrition Cluster Coordinator (NCC) who was trusted, respected and seen to be a resource for the Nutrition Cluster as a collective, as opposed to a resource for any one agency.

[1] L. Gostalow (2007). *Nutrition Cluster: A Lesson Learning Review*.

- Are there gaps in the provision of programmes for treatment and prevention of undernutrition[11] due to the emergency?
- Are the emergency preparedness and response provisions for nutrition already being adequately coordinated by a body led by the national authority?
- Is there any existing nutrition sector coordination mechanism that has the capacity for emergency preparedness and response?
- Are other sectors planning to formally adopt the Cluster Approach?
- Is there any indication of increased nutritional risk as a result of the emergency that is beyond current capacity and programming on the ground to address?

While the Humanitarian Reform process seeks to improve the effectiveness of humanitarian response by ensuring greater predictability, accountability and partnership (section 10.1), concerns can sometimes be expressed around the Cluster Approach (Table 1.1).

[11] Undernutrition refers to an insufficient intake of energy, protein or micronutrients that in turn leads to nutritional deficiency. Acute malnutrition and micronutrient deficiency diseases are the two primary outcomes of concern from nutritional deficiency in an individual during an emergency.

Table 1.1: Common concerns in relation to the Cluster Approach

Concerns	Points to consider
"There is no point to cluster coordination." The Cluster Approach is still being scaled up globally. Understanding and commitment vary among stakeholders.	The Cluster Approach offers something to each stakeholder (Annex 2). Make contacts with national authority counterparts and key Nutrition Cluster stakeholders. Consider having an orientation session with partners as needed, and meeting bilaterally to discuss concerns. Engage the CLA in clearly communicating the mechanism, objective and value of the Cluster Approach to other agencies.
"The cluster approach is UN-centric." The way of coordinating may be seen as engaging with and serving the needs of the UN community without adequate consultation or engagement with NGO partners or other stakeholders.	Partnership with local and international NGOs is often limited, even though non-UN groups may provide anything from 40% to 80% of the response capacity.[1] Ignoring local capacity and local knowledge means that the cluster risks developing responses that are inefficient and ineffective and which contribute to future dependencies and vulnerabilities. Successful application of the Cluster Approach will depend on all humanitarian actors working as equal partners in all aspects of the humanitarian response. 1 OCHA (2007). Cluster/Sector Leadership Training. Tip Sheet – Partnership in Clusters.
"We will lose our autonomy through participating." The perception that coordination will reduce participants' freedom to make decisions and run their own programmes can undermine participation in the Nutrition Cluster.	Have clear and open discussions about shared goals, the different possible levels of engagement with the Nutrition Cluster (as a member, an observer or for information sharing) and how Nutrition Cluster partners are not accountable to the CLA unless there is a contractual agreement (e.g. as an implementing partner). Show how collective problem-solving and strategising can benefit all concerned, while still allowing agencies to operate independently within an overall Nutrition Cluster response strategy.
"Cluster agencies are protecting their own domains." Cluster partners may have different priorities in terms of beneficiary groups and programme approaches, and may compete over visibility and areas of geographic or thematic focus.	Adopt a systematic process for Nutrition Cluster decision-making in the emergency response, including transparent steps for prioritisation, allocation of areas and thematic responsibilities, etc. Develop agreed Terms of Reference (TOR)/Standard Operating Procedures (SOP) for the Nutrition Cluster to outline how it operates (section 1.4.3). Ensure broad representation in decision-making through working groups, etc.

1.1.3 What should the Nutrition Cluster coordination structure look like at country level?

There is no single structural model for a Nutrition Cluster at the country level. Different models will be required in different countries, with different priorities, different resources, different security conditions, different national capacities and

different actors.[12] Key areas for consideration in developing the structure of a Nutrition Cluster include:

a. Who will act as the CLA for nutrition?
    - Additional considerations in the case of internally displaced persons (IDPs) in camps and refugees (UNHCR and the Nutrition Cluster)
b. How will the Nutrition Cluster engage with the national authority?
c. How will the Nutrition Cluster relate to existing coordination structures in nutrition?
d. Should Nutrition be a stand-alone cluster or a combined cluster?
e. What is the functional and geographic structure of the Nutrition Cluster coordination team?
f. When should the Nutrition Cluster be transitioned into longer-term coordination structures?

a. Who will act as the CLA for nutrition?
The agency that will act as the CLA for a specific technical area at country level is designated by the RC/HC in consultation with the national authority and IASC partners, after discussion with the Humanitarian Country Team (HCT). At the country level, the CLA is accountable to the RC/HC for ensuring the establishment of adequate coordination mechanisms that:[13]

- include key humanitarian partners;
- establish and maintain appropriate humanitarian coordination mechanisms;
- coordinate with national/local authorities, state institutions, local civil society and other relevant actors;
- promote participatory and community-based approaches;
- ensure that attention is given to priority cross-cutting issues (disaster risk reduction (DRR), early recovery, environment, HIV/AIDS, disability, gender, age);
- ensure needs assessment and analysis;
- include emergency preparedness;

12 L. Gostalow (2007). *Nutrition Cluster: A Lesson Learning Review*.
13 IASC (2006). *Guidance Note on the Use of the Cluster Approach*.

- involve planning and strategy development;
- promote the application of standards;
- monitor and report on responses;
- ensure appropriate advocacy and resource mobilisation;
- promote training and capacity building;
- provide assistance or services as a last resort.

In addition, the CLA should ensure national authority ownership of the early recovery process and the inclusion of risk reduction and conflict prevention measures in the Nutrition Cluster response strategy.

While UNICEF is the global CLA for nutrition, at country level the CLA can be any IASC member agency, provided it has the resources and expertise to fulfil the terms of reference required of a CLA (section 10.2.1). Whichever agency considers taking on the role of CLA, it should take into account the following:

- **Operational presence:** It is challenging and unrealistic for an agency to act as the CLA if it has limited operational presence on the ground.
- **Staffing needs:** The CLA is responsible for covering the costs of cluster coordination staffing, including necessary seniority, experience and number of staff, for the duration of the emergency response and transition period. This includes, at a minimum, the Nutrition Cluster Coordinator (NCC) and the information management (IM) manager. These positions can be filled either by staff already in-country, or by staff who are specifically recruited for the function.
- **Resource implications:** Funds are required for both staff costs and operational costs for the coordination function (e.g. meetings, logistical support, administrative support, printing costs, etc.). Resource mobilisation needs to be incorporated into

In cases where stakeholders consider that a CLA at the country level is not adequately carrying out its responsibilities, it is the responsibility of the RC/HC to consult the agency concerned and, where necessary, the HCT. Based on these consultations, the RC/HC may propose alternative arrangements if necessary.[1] In practice, however, this is rarely done.

[1] IASC (2006). *Guidance Note on the Use of the Cluster Approach.*

the fundraising strategies of the CLA, through the emergency response as well as through the transition from cluster to sector coordination. Some flexibility in the funding strategy, as well as adequate commitment to meet those requirements, is necessary to accommodate a changing scenario (Chapter 8).

- **The working relationship with the national authority:** While agencies should collaborate with one another based on the Principles of Partnership (section 10.3.1), different types of agency (e.g. UN, NGOs, institutions) may be treated differently by the national authority (e.g. the types of permit and travel documents needed). Agencies need to consider whether they will be able to address these issues.
- **Accountability:** The CLA commits to acting as the provider of last resort (POLR), meaning that it will be held accountable to the RC/HC for ensuring that gaps are identified and addressed to the best extent possible and that, where security and funding allow, the CLA will fill those gaps (section 10.3.6).

There may be times when both national and sub-national cluster coordination structures are needed. While the CLA is generally the same agency at national and sub-national levels, there may be some circumstances (e.g. lack of physical presence in emergency-affected areas) when the national CLA is unable to act in that capacity in a meaningful way at sub-national level. Under these conditions, the authority to act as CLA in these specific areas may be delegated to another agency through a country-level Letter of Understanding (LOU) or other formal document. However, the designated national CLA remains accountable to the HC for the effectiveness of the overall sectoral response[14] (Box 1.1).

Whichever agency acts as CLA, it can contact the GNC-CT for support on surge capacity for the Nutrition Cluster coordination team, as well as for strategic and operational advice (section 10.4).

UNHCR and the Nutrition Cluster

There are some additional considerations for nutrition emergency responses involving internally displaced persons (IDPs) and refugees. UNHCR is mandated to lead and coordinate international action to protect refugees and to resolve refugee problems worldwide in both emergency and non-emergency situations. UNHCR's primary purpose is to safeguard the rights and well-being of refugees. While the agency's original mandate does not specifically cover IDPs, it has for decades

14 IASC (2006). *Guidance Note on the Use of the Cluster Approach*.

Box 1.1: Case example of lead and co-lead in practice

In the Democratic Republic of Congo, UNICEF, the Ministry of Health (MOH) and NGOs have established a decentralised system of Nutrition Cluster leads and co-leads throughout the country. In each area and sub-cluster hub, two agencies are formally designated as lead and co-lead. This structure has enabled greater coverage through a centralised coordination structure. However, a 2010 review of the DRC cluster noted that it was important to ensure that the different roles and responsibilities of the two functions were made clear, that systematic preparation of individuals and agencies to fulfil those roles was needed and that strategic integration of provincial government into the structure was required.

been assisting millions of IDPs because of its expertise on displacement. In 2005, UNHCR took on a specific role under the Cluster Approach as CLA for protection and emergency shelter needs of IDPs, and for the coordination and management of IDP camps and similar settings, including collective centres.[15]

There is currently no summarised guidance on how UNHCR and the Nutrition Cluster should practically coordinate in emergency response for refugees and IDPs at country level. The RC/HC provides the overall umbrella for coordination between UNHCR and the Nutrition Cluster in non-refugee settings. UNHCR often collaborates as a Nutrition Cluster partner, e.g. providing input into technical standards and capacity building. Strong working relationships, in particular around information exchange, between the NCC and UNHCR focal persons are to be encouraged. Very broadly:

- **For IDPs outside camps**, nutrition issues fall under the coordination of the Nutrition Cluster.
- **For IDPs inside camps/collective centres**, nutrition issues fall under the coordination of the Nutrition Cluster. UNHCR is charged primarily with ensuring that protection, basic needs and essential services for IDPs are met within the camp, and it therefore plays a coordination role in ensuring that partners for key technical sectors are fulfilling their responsibilities. Camp management (CM), which is often performed by a local or international NGO, ensures effective management and coordination of humanitarian response within a specific camp according to standards, supports the identification of gaps, facilitates information

15 For more information, see **http://www.unhcr.org**.

sharing and ultimately advocates for adequate and timely intervention by technical sectors under the overall coordination of UNHCR. Camp/collective centre coordination meetings are the primary forum for coordination within the camp. Nutrition needs should be addressed through the Nutrition Cluster and the partner(s) implementing the programmes. The NCC, UNHCR staff supporting CM (or the Camp Coordination/Camp Management (CCCM) Cluster Coordinator, where the Cluster has been activated) and the camp management agency are important focal points for information sharing. Where possible, these staff should engage in both camp coordination meetings and Nutrition Cluster meetings and/or in regular information sharing. Response needs should be incorporated into the Nutrition Cluster response strategy. Resource mobilisation should take place under the umbrella of the Nutrition Cluster. The adapted UNHCR Health Information System (HIS) might be used in the camp/collective centre. Monitoring and evaluation (M&E) activities should also be undertaken under the Nutrition Cluster; these should feed into the larger reporting requirements for all sectors for the camp/collective centre, coordinated by UNHCR. The CLA for nutrition should be responsible for acting as POLR.

- **For refugees inside and outside camps**, nutrition issues fall under the leadership of UNHCR. UNHCR is responsible for the coordination of needs assessments, development of a response plan, resource mobilisation (e.g. including nutrition needs of refugees under “Multi-sectoral response to refugees” in the Consolidated Appeals Process), mobilisation of supplies and equipment, advocacy and action as POLR. The agency-level Memorandum of Understanding (MOU) between UNHCR and WFP (2011) includes a shared responsibility for sourcing food and nutrition products. Where the refugee population exceeds 5,000 people, WFP is responsible for the provision of food items for any general food distribution, for nutritional products for supplementary and blanket feeding programmes, and for other products such as micronutrient powders or lipid-based nutrient supplements. UNHCR is responsible for providing additional items to the general food basket (fresh foods, condiments, etc.) and for the provision of items for the treatment of SAM. While the Nutrition Cluster may refer to the UNHCR response plan within its response strategy, leadership of the response for refugees falls under UNHCR’s remit. UNHCR has several tools and guidelines which differ from inter-cluster tools (such as the Initial Rapid Assessment tool) or Nutrition Cluster tools, in order to take account of the specific issues and needs of refugees in emergencies.

The specific level of engagement will depend on the context and on capacity. Key resources for responses involving IDPs and refugees are found at the end of this chapter.

b. How will the Nutrition Cluster engage with the national authority?

The aim of humanitarian response is to support the national authority to respond to the emergency. The specific engagement between the Nutrition Cluster and the national authority may take different forms, depending on the willingness and ability of the national authority (Table 1.2, Box 1.2).

Table 1.2: Engagement scenarios between the national authority and the RC/HC and the CLA

Where the national authority is:	Then the RC/HC and the CLA:
Willing and able to lead and/or contribute to the response…	…should identify which national authority ministries/departments/entities, if any, are responsible at national and sub-national levels for key sectors of response and recovery. The **CLA can meet its national authority counterparts** to discuss current needs and capacities, and can then **agree on appropriate coordination mechanisms** which cover all the humanitarian needs of the affected population for nutrition (including cross-cutting issues), building on existing arrangements.
Willing, but its ability to lead and/or contribute to humanitarian activities is compromised by "physical" factors such as **lack of capacity and/or resources or an inability to access part of its territory**…	…**may have to take the lead or co-lead role** in terms of coordinating the response, but still in support of the national authority.
Unable or unwilling to lead or contribute to the humanitarian response…	...as there is still a need for coordination, should **continue to advocate** for humanitarian space and a humanitarian response that covers the needs of the entire affected population. The **CLA should continue to lead the response for the nutrition sector**, to the degree that security and the political situation allow.

If the national authority chooses to engage in coordination through the Cluster Approach, the leadership options are broadly a) **co-leadership** with the CLA or b) **deputising** the CLA to act on its behalf in leading the cluster coordination structure for nutrition.

There are several possible structures in terms of the relationship between the Nutrition Cluster and the national authority/pre-existing coordination mechanism:

i. Existing government coordination supported by the Nutrition Cluster

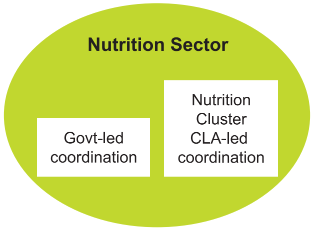
This assumes that Nutrition Cluster coordination will be undertaken through an existing coordination mechanism led by the national authority, with the Nutrition CLA providing support.



Advantages	Disadvantages
• Builds on existing structure. • Supports capacity building. • Enables rapid, broad participation.	• Steering and decision-making processes may be slow, or authoritarian. • May not have support of key nutrition actors.

ii. Nutrition Cluster coordination alongside the national authority

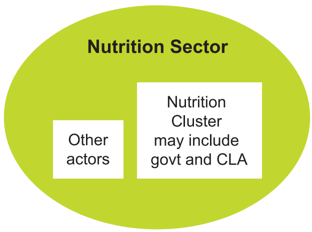
This arrangement assumes that the national authority is unable or unwilling to provide the co-ordination necessary for effective management of the nutrition response, or that it refuses to recognise the legitimacy of international actors.



Advantages	Disadvantages
• May be necessary initially if the government will not work with the CLA and existing coordination is very poor or excludes particular groups or locations.	• Duplication. • Undermines government role and capacity. • Limits involvement of national and local actors.

iii. Coordination established through the Nutrition Cluster

This arrangement assumes that there is no pre-existing coordination mechanism. The Nutrition Cluster is established and led or co-led by the national authority, depending on its capacity and willingness to be involved.



Advantages	Disadvantages
• Rapid coordination and decision-making. • Impartiality and more equitable involvement of all actors. • Good capacity building opportunities.	• Time and effort needed to identify and get nutrition actors on board. • There may be a tendency for international organisations to dominate.

With less cooperative, more controlling or hostile national authorities, coordination may need to be more informal and may require more patience and "quiet diplomacy". This can even include additional, less formally named coordination mechanisms. Local arrangements may be needed where the national authority is uncooperative or does not control parts of the country, though this needs to be handled sensitively.[16]

Whether or not there is formal collaboration between the national authority and the CLA through the Cluster Approach, information sharing and efforts to update the national authority are often warranted, even in cases where the national authority is part of a conflict. The content and frequency of these information updates, however, need to be framed in such a way as to do no harm to affected populations or humanitarian actors.[17]

c. How will the Nutrition Cluster relate to existing coordination structures in nutrition?

Once it has been decided that a Nutrition Cluster is needed, its structure should be defined based on a clear understanding of the context and of the capacity of available structures in place. Practically, this definition requires assessment of the existing presence, capacity and nature of working relationships among key international agencies and the national authority in the nutrition sector, at national and sub-national levels. Some key questions for this assessment are included in Box 1.3.

The **timeframe** for carrying out the assessment of existing structures may differ between acute-onset emergencies and protracted/slow-onset emergencies. Preliminary structures should be put in place based on an analysis of all available information, recognising that cluster structures should evolve with time to remain relevant with changes in actual needs and capacity.

Key information resources include briefings and/or information from the UN Office for the Coordination of Humanitarian Affairs (OCHA), UNICEF, nutrition staff on the ground among nutrition partner agencies, technical staff in national authority structures such as the MOH and, in some cases, national authority websites or humanitarian organisation websites, which often carry country-specific programme information (section 1.3.1).

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16 L. Gostalow (2007). *Nutrition Cluster: A Lesson Learning Review*.

17 IASC (2009). *Operational Guidance for Cluster Lead Agencies on Working with National Authorities* (draft).

Box 1.2: Case examples: Nutrition Clusters and engagement with national authorities

A review of the Nutrition Cluster conducted in 2007 established that nearly all clusters at that time had been introduced into contexts where there were pre-existing nutrition coordination mechanisms, most of which were led by, or at least included, the national authority. Partnership with the national government in many cases contributed to the success of the response, in particular where government capacity (in terms of both willingness and ability) was strong.

- In response to recurring drought and lack of standardisation in assessment and response in Ethiopia, the Emergency Nutrition Coordination Unit (ENCU) was established in November 2000 within the Early Warning Department of the then DPPA (Disaster Preparedness and Prevention Agency – now Disaster Risk Management and Food Security Sector), under the Ministry of Agriculture. Its primary roles included coordination of information, discussion of technical issues and quality assurance of responses. With the roll-out of the Nutrition Cluster at national level in 2007, the ENCU mandate expanded to include the coordination of Nutrition Cluster activities.
- In response to the 2010 Pakistan earthquake, the national authority played a co-leadership role in the Nutrition Cluster, with support from UNICEF. The national Nutrition Cluster was chaired 30–40% of the time by the national authority.
- The Food and Nutrition Cluster in Indonesia was established in 2006 with links to government counterparts from the outset. The cluster remained active as of 2012 due to repeated emergencies, contributing to contingency planning and emergency preparedness activities during non-emergency periods. UNICEF and WFP acted as co-lead agencies, with an explicit leadership role specified during emergency responses split between the MOH and UNICEF/WFP at national level and the Provincial Health Office and Nutrition Cluster partners at sub-national level.
- In Haiti in 2010, the national authority was generally welcoming of the Cluster Approach, but had suffered such damage to infrastructure and loss of staff that it had limited capacity to lead the cluster. As a result, UNICEF supported the national authority role, and the Director of Nutrition from the MOH co-chaired Nutrition Cluster meetings.

- In North Sudan, humanitarian coordination mechanisms were put in place following the outbreak of conflict in Darfur in 2003. When the time came to more formally introduce the cluster structure, the national-level authority was not initially welcoming of the approach. National nutrition representatives were engaged, but on a limited basis, in cluster meetings, though strong collaborative relationships were formed outside of the meetings context. In contrast, at sub-national level in Darfur, MOH nutrition staff frequently co-chaired coordination meetings, and a collaborative working relationship was key in addressing needs.

1 L. Gostalow (2007). *Nutrition Cluster: A Lesson Learning Review*.

Conducting this assessment also provides another opportunity to ensure that the concepts of the Cluster Approach are clearly communicated, and that the national authority and Nutrition Cluster partners can raise and address any concerns. Clear and open communication is important whether or not a coordination mechanism is in place.

- If there is **no coordination mechanism** in place, then the added value of coordination may not be understood. Partners may not be familiar with collaborating; there could be high levels of mistrust to diffuse and team building to encourage.
- If there is an **existing sector coordination mechanism**, the leadership of that mechanism might feel threatened by the Cluster Approach. Confusion can arise following the introduction of the Cluster Approach if there is no demonstrable change in day-to-day activities or clear value added in terms of response.

The NCC should:

✔ ensure that there is **clear messaging** around the Cluster Approach, and that materials/briefings/orientations are available (see Annex 2 for talking points). Awareness-raising activities can be done across clusters if resources and context allow;

✔ **advocate for close collaboration** between national authorities and partners to whatever degree is possible given the political context and nature of the emergency;

Box 1.3. Questions to ask in analysing existing nutrition coordination structures

1. **Is there currently an independent nutrition coordination forum?**
    - If there is, what are the structure and function, objectives and activities of this formal coordination mechanism? Is there an approved TOR? Does it currently deal with emergency issues? Is the focus on development issues only? Who leads it? Who are its members? Does it have the capacity, experience and resources to meet the needs of this nutrition emergency? What existing working groups are linked with this structure? Is its leadership open to the Cluster Approach? Can these structures be adapted for the current emergency response?
    - If there is not, then try to identify why it does not exist. Was it not seen as necessary to have a nutrition coordination mechanism? Were these issues dealt with under a different merged forum, or not at all? Is the national authority against having such a coordination forum for nutrition? What other informal coordination structures exist?
2. **What is the role of the national authority in nutrition coordination, and how open is it towards the Cluster Approach?**
    - What are the national authority's available capacity, resources and experience for coordination? In development issues? In emergency issues?
    - Are there national emergency guidelines available for technical nutrition programming?
    - Is the national authority aware of and open to the Cluster Approach?
    - Is the national authority neutral in any ongoing conflict?
3. **If a nutrition coordination mechanism exists, are all stakeholders adequately represented?**
    - Who is participating in the coordination structure? How many agencies are there? Where are they located?
    - Who is not participating in this structure but works in a relevant technical area for nutrition? Why are they not participating? How can they be contacted?
    - Is there a partnership framework approved by the MOH and stakeholders and in use by all nutrition coordination structure members?

- Is there up-to-date mapping of stakeholders and interventions?
- What are the linkages of this nutrition coordination mechanism to other sectors/clusters?

4. **What sort of structure is dictated by the needs of this emergency and by existing capacity?**
   - How have previous emergencies been addressed?
   - How large is the emergency in terms of the potentially affected population?
   - Where is the affected population? Which administrative/sub-national units are currently affected? In the case of population movement, where are people likely to move to?
   - What are the gaps in terms of geographical coverage of partners in affected areas?
   - What sort of staffing might be needed for the coordination team at national and sub-national levels to fill gaps in existing coordination mechanisms at these levels?

5. **Additional considerations for assessing potential cluster coordination structures**
   - **Leadership:** what is the anticipated role of the national authority? Lead, co-lead, no lead?
   - What is the primary **language** of communication in-country, and among the range of partners? Are there measures currently in place to manage language barriers in order to be inclusive?
   - What administrative unit **levels** are relevant to the emergency response – e.g. national, sub-national? Of those, which are accessible?
   - What are the **potential or actual linkages** of this proposed cluster structure to existing coordination structures? Are these links explicitly defined? What is the initial vision for the longer-term relationship between cluster and sector coordination structures?

- ✔ **conduct the assessment** of available coordination structures to ensure a clear understanding of existing coordination mechanisms and capacity;
- ✔ if there are parallel coordination structures, **advocate for adaptation of existing coordination structures** to complement national authority structures (if supportive);
- ✔ **exchange information** with the national authority where feasible and appropriate (e.g. not if the information would reduce the humanitarian space, or if partners request that specific sensitive information be kept off the record);
- ✔ **act as a bridge** between national/local authorities, NGOs and humanitarian actors in nutrition.

d. Should Nutrition be a stand-alone cluster or a combined cluster?

Clusters should remain independent and stand-alone unless there is a clear rationale for merging them and there is added value to be gained. The challenges of combining Nutrition with another cluster centre around maintaining Nutrition's profile in terms of resource mobilisation, strategy development and advocacy. The decision should include consultation between CLAs for the respective technical sectors. The decision should take into account whether:

- the emergency is of a small scale (whether acute-onset or protracted);
- there are few partners to coordinate and a high degree of overlap in terms of partners between the potentially merged sectors;
- there are clear issues of capacity affecting the globally designated CLA at country level.

In practice, Nutrition Clusters have usually been established as stand-alone clusters, though they have, at times, been combined with Health or Food Security (previously Agriculture) Clusters. This combination has taken on various forms, e.g. one CLA for each sector, where the sectors operate separately, with collaboration as needed, but report under the name of a combined cluster; or one CLA for both sectors, with only one set of cluster coordination staff and joint meetings and reporting.

There has been no formal evaluation of the nutrition response when led by a stand-alone Nutrition Cluster compared with a combined cluster. Some advantages and disadvantages have been noted in practice. In emergencies where nutrition outcomes are driven in particular by inadequate health status or by food insecurity, a combined cluster may enable closer coordination and operational linkages to address nutrition issues, especially if inter-sectoral coordination structures are

weak. If many partners are working in both clusters, there can be an advantage in terms of time saved in meetings. At the same time, nutrition issues and the importance of addressing these issues in emergencies are often not well understood. If the leadership of the combined cluster does not adequately understand nutrition, there is a risk that key issues may be overlooked, not addressed or not funded.

The NCC should act as an advocate and negotiate to establish the most effective coordination structure to address nutrition issues. The NCC should be prepared to:

- ✔ strengthen **strategic partnerships** and identify advocates to ensure that the discussion around the cluster structure is fair and balanced;
- ✔ ensure that s/he has a **documented and clear rationale** that can be clearly communicated as to why the Nutrition Cluster should operate independently;
- ✔ **cultivate collaborative working relationships** with the relevant cluster leads and CLAs.

The NCC should also ensure that if Nutrition is established as a combined cluster, or as a working group of an existing sectoral mechanism, then a clear MOU outlining the division of leadership, communication and reporting responsibilities between the two technical sectors is defined. This would include:

- ✔ defining **a clear set of roles and responsibilities** around strategic leadership, communication, resource mobilisation, advocacy and reporting on nutrition issues in the context of the emergency;
- ✔ ensuring that nutrition in emergencies/nutrition coordination issues are a **standing agenda item for cluster coordination meetings**;
- ✔ ensuring that there is **flexibility to change the structure** if needs increase in complexity or scale, or the capacity to respond increases, requiring the establishment of a separate Nutrition Cluster.

The GNC-CT should be consulted to provide technical advice and advocacy support where needed, in particular if the Nutrition Cluster is potentially to be combined with another cluster.

e. What is the functional and geographic structure of the Nutrition Cluster coordination team?

Based on IASC guidance, the CLA has responsibility for designating staff of adequate number and seniority to address the coordination and IM functions of the cluster, in addition to whatever administrative support is required. In defining the size or scale of a coordination team, several things need to be taken into account:

- ✔ The structure needs to be proportional to the number of agencies there are to coordinate, the complexity of the crisis, the aggregate extent of resources to programme and the level of service delivery, rather than just the scale of the disaster.
- ✔ The structure also needs to reflect the fact that different phases need different skill-sets. A sudden increase or "surge" of staff is often needed in the initial stage of an emergency, followed by systematic and phased handing over to another organisation or national actor at a later stage, all the while maintaining adequate skills and capacity. There is a need to incorporate a more systematic approach to promoting and strengthening coordination structures throughout the life-cycle of emergencies.
- ✔ The structure needs to **address the tendency to focus on coordination at the national level at the expense of regional/sub-national levels**, where clusters may not always be the optimal solution. Within countries, in large-scale crises, there is often a clear need to establish more decentralised sub-national structures (Box 1.4).

The baseline functional structure of the Nutrition Cluster coordination team includes the NCC and the IM manager, with the CLA providing support for administrative functions. Coordination structures benefit from being located as close as possible to the affected area, taking into account the scale of the emergency and the security situation. When the response is large-scale, with many sub-national areas affected, there may be a need for both a full national cluster team and full sub-national cluster teams in the affected areas (Box 1.5). There may be a similar large-scale response with only a single geographic focus of activity, where it may be possible to coordinate the inputs of the IM manager and administrative support from the national level. When the response needs are small-scale or the level of coordination activities for the emergency is relatively low, a smaller-scale coordination structure might be appropriate.[18] In considering the overall structure, it is important to balance decentralisation of sub-national structures to affected areas with a clear rationale to avoid establishing so many sub-national structures that they cannot be adequately staffed, funded or supported.[19]

18 There is no formal guidance on the required structures. However, the GNC has developed three models, which can be found in its SOP for information.

19 For further thoughts, see J. Shepherd-Barron (2011). *Clusterwise 2: National and Subnational Coordination*.

Box 1.4: Considerations for coordination structures

✔ Country cluster meetings should take place as close as possible to the area where humanitarian needs have arisen.

✔ The response may justify a Deputy Cluster Coordinator position, in order to facilitate capacity-building efforts and to ensure continuity of coordination, due to the travel and meeting commitments of the NCC.

✔ Technical support may be required in Nutrition Cluster work. While the NCC is responsible for facilitating identification of the need for technical support, it is not necessarily the CLA that will fund such support.

✔ "Double-hatting" (see below) is not ideal. It can be challenging to work part-time on cluster coordination and part-time on CLA programme issues.

✔ Any inputs in terms of co-chairing by the national authority or partners, which would also contribute to the overall response capacity, should be considered.

✔ It may be possible to share administrative and IM support between clusters if they are led by the same CLA.

Types of coordination activity often vary between the national and sub-national levels, which can be broadly categorised as follows:

National-level coordination…	Sub-national-level coordination…
…focuses on **strategic aspects** of cluster programming and contributes to the coherence of the overall humanitarian response.	…focuses on the **operational aspects of sub-national activities**, including planning and implementation of response activities.

Initially, **national-level coordination** addresses higher-level negotiation and engagement with national authorities and partners, standard setting, policy and strategy development, and funding issues. In time, when strategic and technical matters have been decided, needs fully assessed and priorities decided, the national level takes on an oversight role. This means:

✔ monitoring the quality of service delivery;

✔ evaluating impact;

Box 1.5. Examples of collaboration between national and sub-national Nutrition Clusters

The coordination required between national and sub-national levels will depend on the emergency context and on capacity. Common linkages between national and sub-national Nutrition Cluster coordination mechanisms include:

- **strategic information sharing** by sharing minutes from meetings between national and sub-national levels, in addition to highlighting key issues from sub-national Nutrition Clusters at national level for consideration and follow-up, and vice versa;
- **consultation and feedback**, where documents or guidelines can be reviewed by Nutrition Cluster members at both national and sub-national levels, and the feedback consolidated to ensure buy-in;
- **strategic direction-setting** for activities, where action plans and activities are harmonised between the national and sub-national levels towards a common aim.

The NCCs at national and sub-national levels, with Nutrition Cluster partners, should clarify roles and responsibilities, as well as the communication between levels that is appropriate.

✔ ensuring that needs continue to be properly met;

✔ ensuring that no new gaps are emerging in aid delivery.

The **sub-national coordination structure** (if applicable) focuses on the details of planning and implementation of nutrition-related activities. In practice, this includes:

✔ maintaining an overview of the security situation and changes in the emergency context;

✔ assessing and monitoring nutrition needs and progress in the nutrition response;

✔ mapping and monitoring partner capacities through the Who, What, Where (When) (3W/4W) tool (section 3.5.3);

✔ identifying gaps and reviewing strategies needed to address them;

✔ communicating key decisions and other information from sub-national to national levels;

- ✔ communicating key decisions, details of available resources and guidance on policy and standards from national to sub-national cluster partners;
- ✔ advocating to provincial- and district-level nutrition authorities and other national authority departments, other clusters and community representatives on the nutrition situation and nutrition in emergency needs;
- ✔ promoting agreed cluster standards.

In relation to the national and sub-national structure of the Nutrition Cluster, **the NCC should:**

- ✔ **advise** on the most appropriate structure that is required to fulfil the coordination function, based on consultation with relevant stakeholders, and where relevant help develop TORs for the human resources required (if these have not already been developed through emergency preparedness);
- ✔ facilitate the **definition of respective roles and responsibilities between national and sub-national** cluster coordination teams and ensure that these are outlined in specific TORs.

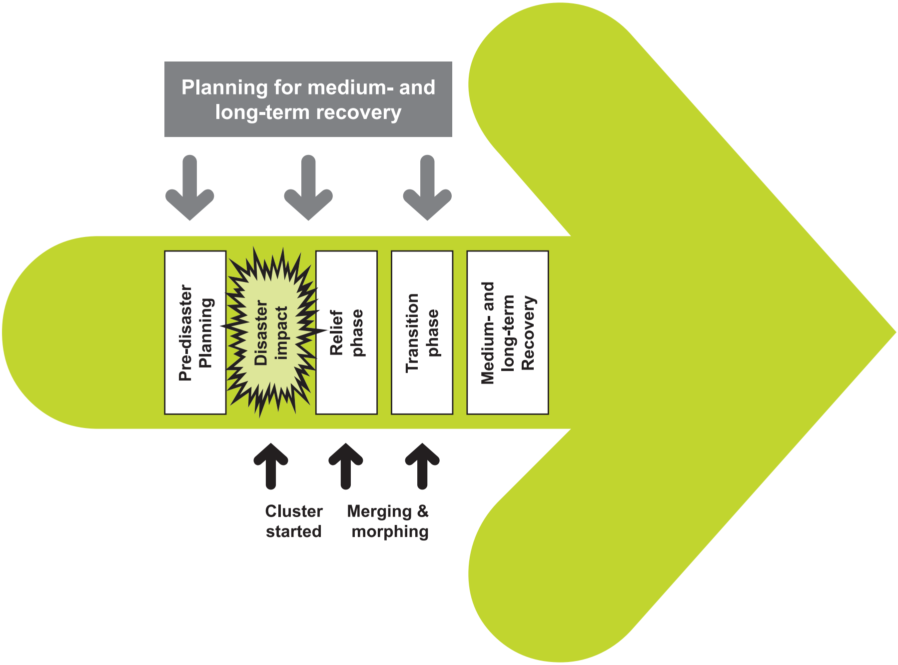
The structure, including type of staff and their respective roles and responsibilities, needs to be tailored to existing capacity and to needs on the ground. Whatever the structure, it must:

- ✔ **build on the available capacity of the national authority and Nutrition Cluster partners** in determining leadership roles and allocating roles and responsibilities at all levels, and clearly define how the structure will link in with national/existing coordination structures;
- ✔ ensure that **roles and responsibilities**, including communication, information sharing and reporting, for the NCC, CLA and Nutrition Cluster partners are defined from the beginning;
- ✔ **take into account the differing operational capacities and constraints** for Nutrition Cluster coordination at sub-national level;
- ✔ **ensure effective links at all levels** with other clusters and coordination with partners not directly involved in the Nutrition Cluster.

f. When should the Nutrition Cluster be transitioned into longer-term coordination structures?

Clusters have limited lifespans, meaning that they are activated for a specific reason. Once the priority issues of the nutrition emergency have been addressed,

Figure 1.1: Lifespan of clusters



they are no longer needed and can be phased over into sector coordination (sections 10.3.3 and 10.3.8).

In its broadest terms, the process of transition[20] should be led by the RC/HC in consultation with the national authority and IASC partners, including the CLAs in nutrition and other sectors (section 10.3.8). The type of coordination structure required after the nutrition emergency will be context-specific. This may mean that the nutrition sector takes on the role of emergency preparedness, with or without a specific sub-structure to guide that process. Usually, the emergency cluster response is transitioned into a development coordination structure once recovery plans are well established and national coordination mechanisms are functional, with an expanded area of action to consider emergency preparedness, or designation of a sub-group to continue to work on emergency preparedness issues.

20 This is sometimes called an “exit strategy”, though this terminology may raise concern among stakeholders that the transition could result in gaps in coordination, as opposed to laying the foundation for a progression that is as seamless as possible.

In practice, however, the decision to transition from cluster to sector coordination is not always taken based on an assessment of need or on the capacity of the national authority to manage emergency response. In addition, the time needed to develop or strengthen national authority capacity in emergencies may extend beyond the emergency period, and activities to address national authority capacity may be difficult to fund in addition to activities that are considered "life-saving". It is critical for the NCC to advocate for a balance between humanitarian needs versus social/political determinants, as at times the transition can be motivated by political pressure (Box 1.6).

The NCC is responsible for ensuring that:

- ✔ the **transition strategy for the Nutrition Cluster** is discussed at the time of/in the early stages of cluster establishment, and not left until later, though the actual activities may need to be revised during the emergency;
- ✔ **benchmarks** to indicate when the transition is required, and what activities are needed to develop specific capacity to facilitate this transition, are incorporated into the Nutrition Cluster response strategy (section 5.2.10);
- ✔ the transition process is **linked to emergency preparedness planning**, to ensure that residual capacity for ongoing preparedness and contingencies for future crises are adequately supported. Particular care should be taken to avoid sudden gaps in coordination mechanisms and in the sector's operational response that may undermine recovery strategies.

There is no specific guidance on when and how to phase over the Nutrition Cluster. Issues to consider include the following:

- ✔ Have the **scale and extent** of vulnerability been reduced?
- ✔ Does the **status of the emergency** justify transitioning to sector coordination, or are suggestions to phase over the Cluster Approach politically motivated?
- ✔ Have the Nutrition Cluster **objectives been met**, as described in the cluster's response strategy in terms of meeting relief needs?
- ✔ Have the **benchmarks** that were set during the emergency response in relation to the timing and requirements for transitioning the cluster response been met? Have they been refined with time and are they still relevant to guide this decision?
- ✔ Do the conditions warrant changes to the whole cluster structure **nationally, or only in specific geographic locations**?

Box 1.6: Examples of transitioning the Nutrition Cluster

The transition from cluster to sector coordination is not well documented, but examples include the following:

- In Myanmar, the Nutrition Cluster was activated in April 2008, and the contingency plans developed were put into action when Cyclone Nargis struck the country in May 2008. The Nutrition Cluster was led by UNICEF and co-led by the National Nutrition Centre of the MOH. As the focus of the emergency response moved towards early recovery and the transition to recovery, the Nutrition Cluster developed a transition strategy. One component was conducting trainings on assessments, surveys, infant feeding in emergencies and community-based management of acute malnutrition (CMAM), while transitioning to the Myanmar Nutrition Technical Network, which was to continue the coordination role. The Nutrition Cluster was officially closed in June 2009 but then reactivated in November 2010, after Cyclone Giri struck in October. When the Nutrition Cluster was closed again in January 2011, coordination around nutrition activities in areas affected by Giri continued as a working group under the Myanmar Nutrition Technical Network.
- In Pakistan, a unilateral decision was made by the National Disaster Management Authority (NDMA – the government arm mandated to lead the emergency response) to transition from cluster to sector coordination, even though in some areas the nutrition situation remained precarious (for example, GAM rates of over 15% had been recorded in Sindh province). The cluster mechanism was officially closed in January 2011 and replaced with a sector coordination mechanism focusing on early recovery. A Nutrition and Health Working Group was established, with a core group composed of the UN Population Fund (UNFPA), WHO, UNICEF, the International Organization for Migration (IOM), the NDMA, the MOH and two national and two international NGOs for both Health and Nutrition. Facilitation of meetings was rotated between WHO, UNICEF, the NDMA and the MOH, with meetings continuing at the national, provincial and district levels. In addition to the transition from cluster to sector work, the Nutrition Cluster also had to negotiate merging with the Health Cluster and address challenges related to combining data resources, forming collaborative data collection methods, developing a comprehensive method for M&E, carrying out combined assessments, prioritising funds and harmonising meetings by both sectors.

- In Haiti, by February 2011 (13 months after the January 2010 earthquake) discussions around phasing out the Nutrition Cluster were under way, though there were still a risk of flooding and potential for deterioration in the food security situation. The national authority expressed its interest in reinvigorating sectoral groups and, in the case of nutrition, handing nutrition coordination back to the national coordination committee, which it led itself. In response, UNICEF, as CLA for three clusters, held internal consultations to develop a strategy to ensure that the transition was accomplished as smoothly as possible.

✔ Are there any key **issues in emergency nutrition preparedness and response that may be left unaddressed** in the transition from cluster to sector coordination structures?

✔ Is there a **clear strategy** on how emergency coordination for nutrition will be handled under sector coordination?

✔ Are there any **inter-cluster or cross-cutting issues or activities** that might be left unattended?

✔ Are the **capacities** of the national authority or development agency to which responsibility is being handed over sufficient?

✔ Is the **national authority in agreement**?

✔ Have **adequate preparation** activities been undertaken by the national authority and stakeholders?

✔ Do any of the **Nutrition Cluster members or members of the Inter-Cluster Coordination Group (ICCG)** object?

✔ Is there a **clear strategy for communication** around the transition process, so that partners and the community understand the upcoming changes?

✔ Is there an adequate nutrition surveillance/early warning system in place?

Due to the limited nature of guidance and lesson learning around the transition from cluster to sector coordination, it may not be possible to address all of the issues raised above during the lifespan of a cluster coordination mechanism. Advocacy should be undertaken, however, to ensure that activities related to securing adequate capacity in nutrition emergency and response are addressed under the sector coordination structure.

1.2 ROLES AND RESPONSIBILITIES OF THE CLUSTER LEAD AGENCY (CLA) FOR NUTRITION AT COUNTRY LEVEL

What are the specific responsibilities outlined for the CLA and its head?

The CLA is responsible for designating adequate human resources to lead the cluster coordination process with the necessary seniority, facilitation skills and technical expertise. It is recommended, particularly at the height of a humanitarian crisis, that the CLA appoint dedicated, full-time cluster coordinators who have no other programme responsibilities. Other human resources required include an IM focal point, and often direct administrative support. The number of staff required will depend on the context. The head of the CLA should ensure that the agency fulfils its obligation to support the Nutrition Cluster coordination function. In addition, the head of the CLA has a role to play in representing the interests of the Nutrition Cluster at country level in external forums.

In practice, the responsibilities of the head of the CLA in relation to the Nutrition Cluster include:

- ✔ ensuring that appropriate **assessment and consultation** take place around **defining the Nutrition Cluster coordination structure**. The GNC-CT is available to provide advocacy support;
- ✔ ensuring that the **NCC and required staff are designated/hired**, since delays in recruitment/designation negatively impact emergency response. The length of contracts should be determined to avoid high rates of staff turnover and subsequent loss of institutional memory. It is recommended that the NCC be of the same, or higher, seniority than the UNICEF head of section at country level to avoid any issues in reporting to the head of the CLA and the RC/HC on cluster issues. Regional offices and the GNC-CT can be contacted for support in recruitment. The GNC-CT should also be contacted for an orientation of those engaged in Nutrition Cluster coordination;
- ✔ ensuring that **adequate dedicated IM support is available/hired**. Adequate IM capacity is essential to ensure that strategic coordination is based on evidence in real time, and that the expectations of donors and the rest of the humanitarian community around the cluster response can be managed appropriately.
  IM capacity is critical at national and sub-national levels (when relevant) to standardise formats and reporting; this in turn provides the basis for national-

level planning. Depending on the scale of the emergency, this function could be shared between clusters within the CLA, if the CLA has responsibility for more than one cluster;

- ✔ within the CLA, **ensuring that security, administrative and operational support procedures are clear** in relation to the NCC and the staff needed and their activities, including support for the neutrality of the NCC. In some cases, cluster coordinators have been co-located in a building outside of the CLA premises;
- ✔ **ensuring that member agencies of the Nutrition Cluster coordination team are oriented** to relevant CLA administrative procedures (e.g. procurement of supplies and human resources) and that they receive adequate operational and administrative support;
- ✔ **defining clear expectations, TORs, roles and responsibilities, and reporting lines for the NCC, the IM manager and required cluster coordination staff**, and ensuring that these are integrated into job descriptions, contracts and performance evaluation tools (see generic TORs on the GNC website);
- ✔ **defining clear roles and responsibilities between Nutrition Cluster coordination staff and existing CLA nutrition staff**. Since the CLA is just one of the many partners within the actual cluster, the head of the CLA needs to make it clear that the agency's nutrition interests will be represented at cluster meetings by a **Nutrition Cluster focal point for the CLA** who is not the NCC. TORs, reporting lines during emergency and non-emergency periods and clear expectations for CLA nutrition staff versus Nutrition Cluster coordination staff at the onset of the emergency should be clarified during preparedness planning. A reorientation of CLA staff in terms of their roles in nutrition coordination when the Nutrition Cluster coordination surge capacity arrives can be helpful;
- ✔ **ensuring appropriate relationships** between the CLA and the **national authority and ministries**, in particular around existing nutrition coordination mechanisms;
- ✔ **ensuring that they themselves have been briefed (and are regularly updated)** and understand the nutrition issues and existing response capacities so that they are prepared to represent Nutrition Cluster issues in external forums.

Following a July 2009 IASC meeting, the global CLAs issued a joint letter to their heads of agency at country level to remind them of their crucial roles in ensuring

that their agencies fulfil their commitments to cluster coordination.[21] This included guidance addressing three key issues:

i. The **head of the CLA has a dual responsibility** to represent the interests of both their own agency and the cluster(s) they lead in HCT meetings and other relevant forums.

The head of the CLA has a role in representing the interests of the Nutrition Cluster to external forums. This can be challenging for a number of reasons. The head of the CLA needs to make it clear when s/he is speaking on behalf of the agency, and when on behalf of the Nutrition Cluster. Even if s/he does not have a technical background in nutrition, s/he is expected to speak knowledgeably and persuasively on nutrition issues in the emergency response. To do so, s/he needs to obtain regular updates and briefings from the NCC. When needed, the NCC can attend meetings with the head of the CLA as a resource person. Where the CLA is acting as lead agency for more than one cluster, the head of the CLA should establish a mechanism for gathering standardised key information from all of the clusters in order to be able to present it accurately.

ii. While the NCC is responsible for the day-to-day running of the Nutrition Cluster, it is the head of the CLA at country level who is **ultimately accountable to the RC/HC** for carrying out the CLA's responsibilities.

This is a challenging position in terms of accountability, since the head of the CLA:

- is accountable for cluster activities, including acting as the POLR (section 10.3.6), while activities are carried out by cluster partners over whom s/he has only limited oversight and no control;
- at the same time delegates responsibility and authority to an NCC whose primary role is to represent the interests and point of view of the collective cluster as opposed to the CLA, even though their performance review and overall management are based within the CLA.

Information sharing and discussions between the NCC and the head of the CLA at strategic points in the Nutrition Cluster response can be useful to address any concerns on this point.

iii. The **NCC needs to act as a neutral representative** of the Nutrition Cluster, as opposed to representing the interests of the CLA.

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21 IASC (2009). *Joint Letter from Cluster Lead Agencies to their Directors/Representatives at Country Level*.

There are two aspects under the control of the head of the CLA that can enable the NCC to act as a neutral representative of the Nutrition Cluster. These are:

- **The "issue of double-hatting":** It can be challenging to secure funding for dedicated cluster coordination staff. In the case of insecure environments, limits on the number of individuals who can be on the ground per agency (staff ceilings) may limit the ability to expand staffing to accommodate dedicated staff for cluster coordination. For smaller-scale interventions, and in some protracted emergencies, meanwhile, separating the role of coordination from programme responsibilities within the CLA may not be financially or operationally justifiable. A single person might have to act in both capacities ("double-hatting"). When operating with a "double hat", the NCC must go to great lengths not to compromise their impartiality, and must always make it clear when they are speaking on behalf of the Nutrition Cluster and when on behalf of the CLA as a Nutrition Cluster partner.

  There are several options for creating an environment supportive of the neutral representation of the cluster by the NCC, dependent on the context, needs and capacities of the emergency response:

  i. to appoint (a) a dedicated NCC with no CLA responsibilities and (b) a separate focal point for nutrition issues to represent the interests of the CLA in Nutrition Cluster meetings;

  ii. in the event that the scale of the emergency is small or it is protracted, or if in the acute-onset phase the formal NCC is being recruited and a member of the CLA's nutrition staff must take on the role of NCC temporarily, a separate CLA focal person should be designated to represent CLA issues in cluster meetings, so that the acting NCC can present as neutral a position as possible;

  iii. if neither of these options is possible, then one person should act as the NCC and represent the CLA, and make it very clear in cluster coordination meetings when they are speaking as the NCC on behalf of the Nutrition Cluster and when they are speaking on behalf of the CLA as a Nutrition Cluster partner.

- **Reporting lines and seniority issues of the NCC and nutrition programme staff of the CLA:** Available guidance recommends that the national-level NCC should be accountable to, and be required to report to, the head of the CLA on all issues related to the cluster. The challenge comes in managing the reporting lines and hierarchy within the CLA. If the NCC is at a lower level than

the head of the Health and/or Nutrition section, it may be challenging to ensure that s/he reports to the head of the CLA as per IASC guidance. If the NCC is of higher seniority than the head of the Health and/or Nutrition section, this may undermine collegial communication between the NCC and nutrition programme staff. One way to mitigate these issues is to ensure that clear roles and responsibilities between the NCC and the nutrition programme staff of the CLA are defined at the outset, and are clearly supported by the head of the CLA.

The NCC should:

- ✔ advocate for clarity around his/her role in relation to CLA nutrition staff;
- ✔ proactively obtain feedback from partners to ensure that his/her neutrality is being adequately communicated;
- ✔ ensure that mechanisms for regular briefings with the head of the CLA are established;
- ✔ engage in strategic discussions with the head of the CLA during critical points of the emergency response (e.g. when the Nutrition Cluster response strategy is developed).

1.3 ROLES AND RESPONSIBILITIES OF THE NUTRITION CLUSTER COORDINATION TEAM AT COUNTRY LEVEL

1.3.1 Recommended preparation by Nutrition Cluster coordination team members

Prior to arrival in-country, or while first taking up position in-country, some preparation is required. To the best extent possible, the NCC and Nutrition Cluster coordination team members should understand the broad context of the emergency and the key issues in nutrition in terms of direct and underlying causes of malnutrition and nutrition and mortality outcomes. This includes:

- ✔ the scale of, and available information on, the emergency;
- ✔ available population data;
- ✔ nutrition data (e.g. anthropometric, micronutrient status, infant and young child feeding (IYCF) practices (section 3.3.1)), to the best extent possible disaggregated by sex and age;

- ✔ a map of the country and affected areas;
- ✔ available national policies and strategies in relation to nutrition, health and food security;
- ✔ Emergency Preparedness and Response Plans (EPRPs) from the existing sectoral working group (if applicable);
- ✔ available EPRPs from the CLA or the humanitarian community;
- ✔ existing studies and assessments of local vulnerabilities.

Much of this information can be found online:

- ➜ **Humanitarian Response:** country and disaster information. **http://www.humanitarianresponse.info**
- ➜ **UN Standing Committee on Nutrition (SCN)/Nutrition Information in Crisis Situations (NCIS):** country-level information in NCIS Nutrition Survey Results Database. **http://www.unscn.org/en/publications/nics**
- ➜ **Reliefweb and IRIN:** country-specific news information for the humanitarian community. **http://www.reliefweb.int** / **http://www.irinnews.org**
- ➜ **Alertnet:** news of humanitarian disasters and related issues. **http://www.alertnet.org**
- ➜ **FEWS NET:** Famine Early Warning Systems Network – updates on the food security situation. **http://www.fews.net**
- ➜ **Latin American Humanitarian Information:** **http://www.redhum.org**
- ➜ **World Bank:** data, projects and publications on governance, economics and public services sector. **http://www.worldbank.org**
- ➜ **WHO Global Database on Child Growth and Malnutrition:** **http://www.who.int/nutgrowthdb/en**
- ➜ **Centre for Research on the Epidemiology of Disasters (CRED):** databases on health, nutrition and mortality. **http://www.cred.be**
- ➜ **Economist Intelligence Unit (EIU):** country analyses and forecasts (for purchase), including political and economic information. **http://www.countryanalysis.eiu.com**
- ➜ Country-level national authority or partner websites.
- ➜ **Country-specific pages on global websites of active partner agencies.**

1.3.2 What are the overall responsibilities of the Nutrition Cluster Coordinator (NCC)?

The role of the NCC is to lead and facilitate the process of ensuring a coherent and effective emergency nutrition response, by mobilising Nutrition Cluster partners to respond in a strategic manner. The 13 functional areas of the TOR for cluster leads provide the framework for the job description of the NCC,[22] though the exact responsibilities will depend on the nature and scale of the emergency.

In general, the priority tasks for the NCC can be summarised as follows:

- establishing and managing coordination at national and sub-national levels;
- facilitating assessment of needs that are age- and gender-sensitive;
- ensuring that gaps and duplications are identified and addressed;
- facilitating development of a cluster strategy and response plan;
- managing information content and flow;
- supporting the application of appropriate technical standards;
- ensuring that the performance of the Nutrition Cluster is monitored;
- building capacity;
- advocating;
- ensuring mobilisation of adequate resources;
- reporting.

If there are national and sub-national NCCs, then the different but complementary focus of the two levels (section 1.1.3.e) should be reflected in the TORs. Examples of **national and sub-national TORs for NCCs** can be found on the GNC website.

1.3.3 What are the overall responsibilities of the information management (IM) manager?

Information management (IM) improves the capacity of stakeholders for analysis and decision-making through collection, processing, interpretation and dissemination of information within and between clusters (Chapter 3). Proper

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22 This document is available on the GNC website at **http://www.unicef.org/nutritioncluster**.

In practice, cluster coordination often involves heavy workloads, long days, competing priorities and communication with individuals and agencies who have a wide range of agendas, expectations and communication styles. Whether they are responsible for recruited cluster staff, or working alongside experts seconded from cluster partners, part of the NCC's role will involve the **guidance, management and support of others**. People In Aid has developed a useful online toolkit with tools and guidance for managing people in emergencies. For more information, see **http://www.managing.peopleinaid.org**

collection and management of data during emergencies is also of benefit to early recovery, later development and disaster preparedness activities.[23]

The Nutrition Cluster IM manager is responsible for i) sharing information relevant to all actors within the cluster, including agencies of the national authority, UN agencies, NGOs and others; ii) supporting inter-cluster information sharing; and iii) ensuring adherence to global (while taking into account national) IM norms, policies and standards. The complexity of the tasks and the overall workload, and as a result the level of experience required, will vary depending on the scale of the emergency response and the capacity available on the ground.

The IM manager can support the Nutrition Cluster by:

- ensuring the production of specific outputs (section 3.1.5);
- ensuring the collation, management and dissemination of information related to the Nutrition Cluster;
- ensuring that globally agreed standards such as Sphere, International Organization for Standardization (ISO), IASC or other cluster-specific and national standards are included in analysis;
- coordinating with IM focal points in other clusters to maximise complementarity of information;
- supporting capacity building of Nutrition Cluster partners on data management.

Examples of **TORs for national IM staff** can be found on the GNC website.

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23 IASC (2008). *Operational Guidance on Responsibilities of Cluster/Sector Leads and OCHA in Information Management*.

1.3.4 How to maintain the identity of the Nutrition Cluster coordination team

The perceived credibility of the Nutrition Cluster coordination team relies on how well its members can **demonstrate impartiality, autonomy and independence from the CLA.** The NCC needs to make a mental shift from agency affiliation towards commitment to the sector as a whole.[24] Similarly, the IM manager needs to ensure that IM outputs and processes reflect the inputs of the Nutrition Cluster as a whole, as opposed to focusing solely on the CLA's activities as a Nutrition Cluster partner.

Some practical ways to maintain the neutrality of the NCC, the IM manager and members of the cluster coordination team with Nutrition Cluster partners include:

- ✔ using neutral (non-CLA) email addresses;
- ✔ using neutral business cards, letterheads and email signatures that do not carry the logo of the CLA;
- ✔ using the country cluster letterhead and logo and generic PowerPoint presentations;
- ✔ using a neutral location for meetings with adequate space and security outside of CLA premises, or rotating the meeting venue;
- ✔ having a country-level co-lead (though this is often challenging because of limited capacity);
- ✔ not wearing items visibly identifiable with the CLA (e.g. CLA-branded t-shirts). There may, however, be instances when the coordination team needs to be identified as part of the CLA for security reasons, in particular when outside of the office in an insecure environment;
- ✔ if the NCC is "double-hatting" (section 1.2.1), being clear in meetings whether s/he is speaking on behalf of the Nutrition Cluster or on behalf of the CLA as a Nutrition Cluster partner;
- ✔ if the NCC is co-chairing with the national authority and the authority is not represented, speaking "in the name of the national authority" to ensure that it is clear that the authority is involved. However, this needs to be done sensitively so as not to raise false expectations or to exceed the authority of that individual staff person;
- ✔ maintaining institutional memory – consider using generic email addresses for cluster coordination functions, so that when individuals leave, contacts and records are not lost.

24 L. Gostalow (2007). *Nutrition Cluster: A Lesson Learning Review*.

Box 1.7: Initial contacts – what you might want to know

- What is the current emergency situation and state of the response?
- What pre-crisis and current information is already available and where can it be found? Have information sources been affected? Is the data consistently disaggregated by sex and age?
- Is there existing in-depth information on local vulnerabilities, coping mechanisms and resilience?
- What role is the national authority taking and who are the principal national authority stakeholders in the nutrition sector at national and sub-national levels?
- Who are the best sources for relevant, up-to-date information about the general emergency situation, and about nutrition needs and capacities?
- What are the existing nutrition coordination mechanisms and who is leading them?
- Is there an existing national authority and/or inter-agency emergency preparedness or contingency plan?
- Who are the key nutrition sector agencies, where are they and what is their level of familiarity with, and capacity in, nutrition in emergencies?

Who are the contacts for other relevant clusters, e.g., Water, Sanitation and Hygiene (WASH), Health, Food Security, Protection, Shelter?

1.3.5 Practical activities for the NCC in the first 30 days

The actions outlined below[25] can be used as a checklist for NCCs who are new to the emergency response. A significant part of the first 48 hours will be spent in establishing contacts and gathering information. To make the best use of this time, careful consideration should be given to who needs to be consulted and what information is needed as a priority. Some of the information gathering will be helpful in filling in the picture of existing coordination mechanisms (Box 1.7 and section 1.1.3.c).

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25 For more detailed checklists for the first seven and first 30 days, see **http://clustercoordination.org**.

Table 1.3: Practical activities for the NCC in the first 30 days	Week 1	Week 2	Week 3	Week 4
Orientation				
Have briefing with the CLA and incumbent NCC (if in post)	✘			
Attend security briefing	✘			
Meet the RC/HC and OCHA coordination team, attend coordination meeting	✘			
Gather and review current information on the situation, national standards and systems, and the response	✘			
Identify and meet nutrition stakeholders, e.g. national authority counterparts, key nutrition sector partners, other clusters	✘			
Establishing the Nutrition Cluster				
Have briefing on CLA administrative procedures. Make arrangements for office space, accommodation, transport, etc.	✘			
Conduct initial collection of contact information and mapping of 3W/4W information	✘			
Conduct the first nutrition coordination meeting	✘			
Consult and define cluster structure (if not already in place) at national and sub-national levels, consolidated in the Nutrition Cluster TOR	✘	✘		
Develop preliminary working scenario and response strategy outline based on available information and immediate priority actions	✘	✘		
Identify sub-national cluster coordinators/focal points (if applicable)	✘	✘		
Visit the affected area if possible	✘	✘	✘	
Establishing relationships with other Nutrition Cluster stakeholders				
Contact/meet other cluster leads	✘	✘	✘	✘
Participate in inter-agency meetings/OCHA ICCG	✘	✘	✘	✘
Establishing operational systems				
Establish primary communication and contact management systems	✘	✘		
Conduct mapping of available IM systems/data flows	✘	✘		
Establish IM systems in terms of tools, standards and staffing		✘	✘	✘
Assessment				
Consolidate available information to develop a baseline and identify immediate priorities, including threats that may worsen the situation	✘			

Table 1.3: Practical activities for the NCC in the first 30 days	Week 1	Week 2	Week 3	Week 4
Coordinate preliminary scenario definition and planning for rapid assessments	✘	✘		
Map in-country capacity in nutrition – human resources, supplies, equipment	✘	✘		
Conduct gap analysis for prioritisation of needs	✘	✘		
Planning and reporting				
Facilitate development of initial (three- to four-week) strategic response plan with principal strategies, objectives and indicators	✘	✘		
Draft and disseminate daily situation reports as required by CLA/OCHA	✘	✘	✘	✘
Develop/continue producing a Nutrition Cluster bulletin	✘	✘	✘	✘
Resource mobilisation				
Clarify process and timelines for resource mobilisation, e.g. Flash Appeal, Central Emergency Response Fund (CERF)	✘	✘		
Prepare nutrition component of Flash Appeal and CERF if applicable	✘	✘		

The actual activities need to be adjusted to the context and according to whether or not there is a single NCC or a Nutrition Cluster coordination team of several individuals. The same types of activity (information gathering, making contacts, conducting coordination meetings, developing response plans, monitoring systems and funding proposals) are applicable in both slow-onset and protracted emergencies, though the timeframe may differ.

1.4 ROLES AND RESPONSIBILITIES OF NUTRITION CLUSTER PARTNERS

1.4.1 Who are Nutrition Cluster partners?

Broadly speaking, the Nutrition Cluster is open to agencies which are committed to supporting nutrition response in line with agreed good practice standards, and which are willing to actively engage in strengthening the capacity of nutrition in-country and to contribute to the strategic priorities and targets of the Nutrition Cluster. The specific agencies that participate in the Nutrition Cluster coordination mechanism will depend on the engagement of the national authority, partners

on the ground and the scale of the emergency (section 2.1.1). The level of participation will vary from active participant to information sharing to observer status. It is important to be clear that Nutrition Cluster partners are not accountable to the CLA except in the case of contractual obligations, such as implementing partner agreements.

1.4.2 What is expected of Nutrition Cluster partners?

Generally, "humanitarian actors who participate in the development of common humanitarian action plans are expected to be proactive partners in assessing needs, developing strategies and plans for the sector, and implementing agreed priority activities".[26] What is broadly expected is that Nutrition Cluster partners will:

- **endorse** the overall aim and objectives of Nutrition Cluster coordination mechanisms and incorporate them into their individual agency workplans;
- **be proactive** in exchanging information, highlighting needs and gaps, reporting progress and learning, mobilising resources (financial, human, material), engaging with affected communities and building local capacity;
- **share responsibility** for Nutrition Cluster coordination mechanism activities, including assessing needs, developing plans, developing policies and guidelines through working groups and implementing activities in line with agreed objectives and priorities;
- **respect** and adhere to agreed principles, policies, priorities and standards. Nutrition Cluster partners should (i) be committed to humanitarian principles and the Principles of Partnership; (ii) ensure that assistance and services to the affected population are provided in line with established national standards for the sector or widely recognised international standards, whichever are higher; (iii) adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, as well as the Humanitarian Charter and the Sphere Minimum Standards in Disaster Response.[27]

Those agencies whose mandates prevent them from formally participating as members in the Nutrition Cluster coordination mechanism should still be encouraged to attend coordination meetings and to share information around

26 IASC (2007). *Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies*.

27 Code of Conduct: **http://www.ifrc.org/Docs/idrl/I259EN.pdf**; Humanitarian Charter and Minimum Standards: **http://www.sphereproject.org**.

needs and gaps in the emergency response. Exchanging information will be mutually beneficial for coordination and effective mobilisation and use of resources in the nutrition response (sections 1.1.3.a and 10.2.1).

1.4.3 How the Nutrition Cluster can formalise itself through Terms of Reference

It is critical that Nutrition Cluster members collaboratively develop a clear Terms of Reference (TOR) or Standard Operating Procedures (SOP) for the cluster, outlining roles, responsibilities and communication lines, from the outset. The responsibilities of the coordinating partners must be agreed upon, including how they are represented in decision-making and how they participate in assessments, share information and develop a nutrition strategy.

- **If this TOR does not exist**, either because there was no Nutrition Cluster coordination body or the existing body had not developed one, then it should be developed through consultation led by the NCC.
- **If there is a TOR for a coordination body that is now taking on the cluster coordination role**, the TOR should be consultatively reviewed to ensure that it provides an enabling environment for applying the Cluster Approach in this specific emergency.
- **If there is a TOR that has been revised in relation to a cluster coordination body** that has been functional during the emergency, it is still valid to review it within the cluster coordination group while the emergency is still ongoing (in the case of short-term emergencies) or annually (in the case of protracted emergencies) to ensure that it remains valid.

The NCC should ensure that there is a mechanism to develop the TOR for the Nutrition Cluster, and that the TOR reflects a broad consensus and is reviewed periodically. Some of the areas to consider incorporating into the TOR for the work of the Nutrition Cluster are outlined in Table 1.4.

Table 1.4: Areas to consider when developing a Nutrition Cluster TOR

Background and rationale	This section should give a brief overview of the context of the emergency and available analysis on the nutrition situation.
Nutrition Cluster aim	A broad statement of the end goal that the Nutrition Cluster wishes to reach.
The scope of work for the Nutrition Cluster	This section outlines the specific areas of work and activities that will be undertaken by the Nutrition Cluster as a whole. It clarifies the specific inputs, tasks and roles of each partner, including the CLA. In practice, these are based on the 13 functional areas of the TOR for cluster leads, and are presented as interim results with supporting activities. The overall impact of the cluster coordination structure will depend on the inputs from the CLA, the NCC and Nutrition Cluster partners. It may be appropriate to outline the roles and responsibilities of the primary actors for cluster response. This could include defining roles in relation to the 13 functional areas of the Cluster Approach in terms of who is: ● **responsible:** those who do the work to achieve the task. This may be more than one group; ● **accountable:** the person/people ultimately answerable for the correct completion of the task; ● **supportive:** those who may help in the task; ● **consulted:** those whose opinions are sought, with two-way communication; ● **informed:** those who are kept up to date on progress, with one-way communication.
Nutrition Cluster composition, structure and engagement	This section should clarify several areas, including: ✔ leadership and membership level (e.g. member, observer); ✔ the internal structure of the Nutrition Cluster (e.g. Strategic Advisory Group (SAG), Technical Working Group (TWG), and when they are used – section 2.2.2); ✔ the national and sub-national structures for the Nutrition Cluster and how they relate to each other; ✔ the relationship between the Nutrition Cluster and focal points for cross-cutting issues as well as other coordination bodies e.g. sectoral groups; and other groups at national/regional/global levels.
Mechanisms to carry out the work	This section should clarify expectations and guiding principles in terms of how the Nutrition Cluster functions, including: ✔ commitments of the Nutrition Cluster as a whole, e.g. to integration of cross-cutting issues, adherence to standards, etc.; ✔ meetings – frequency and location, and dissemination of minutes; ✔ the working modalities of the group, e.g. decision-making processes; ✔ advocacy and resource mobilisation commitments; ✔ monitoring and IM mechanisms; ✔ its approach to public information/engagement with the media, e.g. how this will be addressed and by whom, and how national authority standards in information clearance are addressed.
Keeping the TOR relevant	It is important to ensure that the TOR is reviewed periodically by the group, so that changing partners, context and priorities are reflected. This section should outline how and when the TOR will be revised, including a complaints/feedback mechanism, and a revision period.

Examples of Nutrition Cluster TORs and division of responsibilities between the CLA, NCC and Nutrition Cluster Partners can be found on the GNC website.

General resources

- Global Nutrition Cluster (2011). One-day orientation materials on the Cluster Approach and the Nutrition Cluster
- L. Gostalow, Save the Children UK, the Global Nutrition Cluster (2007). *Nutrition Cluster: A Lesson Learning Review*
- IASC (2007). *Cluster/Sector Leadership Training. Tip Sheet – Advocacy with National Authorities*
- IASC (1997). *Exit Strategy for Humanitarian Actors in the Context of Complex Emergencies*
- IASC (2006). *Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response* (the generic TOR for sector/cluster leads at the country level can be found on the GNC website)
- IASC (2009). *Joint Letter from Cluster Lead Agencies to their Directors/ Representatives at Country Level*
- IASC (2009). *Guidance for Humanitarian Country Teams*
- IASC (2009). *Operational Guidance for Cluster Lead Agencies on Working with National Authorities* (draft)
- IASC (2008). *Operational Guidance on the Concept of Provider of Last Resort* (draft)
- NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 1: Introduction to Nutrition in Emergencies. Version 2*
- The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*

Resources related to UNHCR and coordination

- IASC (2006). *IASC Gender Handbook for Humanitarian Action: Women, Girls, Boys and Men –Different Needs, Equal Opportunities: Camp Management chapter*

- Norwegian Refugee Council (NRC)/The Camp Management Project (CMP) (2008). *Camp Management Toolkit*
- UNHCR (2011). *UNHCR Operational Guidance on the Use of Special Nutritional Products to Reduce Micronutrient Deficiencies and Malnutrition in Refugee Populations*
- UNHCR (2011). *UNHCR Standardised Nutrition Survey Guidelines for Refugee Populations*[28]
- UNHCR (2010). *Health Information System Toolkit*
- UNHCR (2009). *Guidance on Infant Feeding and HIV in the Context of Refugees and Displaced Populations. Version 1.1*
- UNHCR (2009). *UNHCR Policy on Refugee Protection and Solutions in Urban Areas*
- UNHCR (2007). *Handbook for Emergencies: Third Edition*
- UNHCR (2006). *IDP Camp Coordination and Camp Management: A Framework for UNHCR Offices*
- UNHCR and UNICEF (1996). *Memorandum of Understanding between the Office of the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Children's Fund (UNICEF)*
- UNHCR and WFP (2011). *WFP/UNHCR Memorandum of Understanding between the Office of the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP)*
- UNHCR and WFP (2011). *Guidelines for Selective Feeding: The management of malnutrition in emergencies*
- UNHCR and WFP (2008). *Joint Assessment Guidelines*

➜ All **GNC** tools, documents, guidance and country-level examples of templates can be found at: **http://www.unicef.org/nutritioncluster**

➜ **IFRC Code of Conduct: http://www.ifrc.org/Docs/idrl/I259EN.pdf**

➜ **Humanitarian Charter and Minimum Standards: http://www.sphereproject.org**

➜ **UNHCR Health Information System Toolkit: http://www.unhcr.org/4a3374408.html**

28 The Standardised Nutrition Survey Guidelines for Refugee Populations can be found at **http://info.refugee-nutrition.net**.

Additional resources: TORs for the NCC, sub-national NCCs, IM manager, sub-national IM managers and TORs for Nutrition Clusters, the CLA and Nutrition Cluster partners can be found on the GNC website at **http://www.unicef.org/nutritioncluster**.

Chapter 2

ESTABLISHMENT, MANAGEMENT AND MAINTENANCE OF CLUSTER COORDINATION MECHANISMS

Chapter 2:

ESTABLISHMENT, MANAGEMENT AND MAINTENANCE OF CLUSTER COORDINATION MECHANISMS

This chapter provides practical guidance on the actions and skills required to effectively initiate and maintain an active Nutrition Cluster coordination mechanism. It outlines how to identify and engage partners and how to maintain working relationships, both through coordination meetings and outside of them. Checklists for preparation, facilitation and follow-up from coordination meetings, and examples of agendas, are provided in Annex 3. This chapter also provides a broad overview of working with other clusters and other coordination bodies. Work with other clusters is expanded on in more practical terms in Chapter 5.

2.1	**Coordination within the Nutrition Cluster**	• Identifying partners and developing effective partnerships • Maintaining relationships with Nutrition Cluster partners
2.2	**Managing and facilitating successful cluster coordination mechanisms**	• The leadership role of the Nutrition Cluster Coordinator (NCC) • The structure of the Nutrition Cluster • Preparing for a coordination meeting • Facilitating a coordination meeting • Following up on a coordination meeting
2.3	**Coordination skills**	• Building consensus • Negotiation and conflict resolution
2.4	**Working with other clusters and coordinating bodies**	• Working with other clusters within the Cluster Lead Agency (CLA) • Working with other clusters through OCHA • Bilateral collaboration with other clusters • Working with other coordination structures
2.5	**Common challenges**	• What are the core challenges related to the NCC position? • What are the broad coordination challenges within the Nutrition Cluster?

KEY POINTS

- The Nutrition Cluster can be comprised of a wide range of partners, with an even larger range of stakeholders. The Nutrition Cluster Coordinator (NCC) has a critical role to play in identifying and maintaining relationships with Nutrition Cluster partners and sharing information with stakeholders.
- The NCC needs to apply a collaborative approach to leadership. At times, the NCC may need to engage in consensus building, negotiation and conflict resolution.
- The Nutrition Cluster often needs some internal structure through smaller advisory or working groups in order to ensure that strategic planning, technical standards and information are addressed in such a way that they reflect the view of the collective cluster.
- The NCC will have a role to play as a participant as well as a chair and/or co-chair of meetings. There are practical actions to be carried out in each of these roles related to preparation, presentation/facilitation and follow-up.
- There are many opportunities for coordination between clusters through formal and informal mechanisms. NCCs need to be proactive in identifying and engaging in inter-cluster coordination.
- The role of the NCC is challenging in that s/he has responsibility but no direct authority. In addition, the NCC must represent the views of the collective Nutrition Cluster, including the Cluster Lead Agency (CLA) as a Nutrition Cluster partner, as opposed to representing solely the interests of the CLA.

2.1 COORDINATION WITHIN THE NUTRITION CLUSTER

2.1.1 Identifying partners and developing effective partnerships

The Nutrition Cluster is open to agencies which are committed to supporting a nutrition response. The scale and profile of the disaster, and pre-existing conditions, will influence the number of partners that might be involved in the coordination mechanism. Regardless of these factors, the principles of coordination and the role of the Nutrition Cluster Coordinator (NCC) remain the

same. Good personal working relationships and regular communication are critical to working together effectively.

There are some specific points to keep in mind in establishing an enabling environment to promote strong partnerships. These include:

- ✔ being conscious of the **appropriateness and accessibility of the timing and location** of coordination meetings;
- ✔ involving partners in working groups **on a regular basis as opposed to an ad hoc basis**;
- ✔ promoting **transparent setting of criteria and decision-making**;
- ✔ opening up **space for discussion** on contentious issues.

When identifying partners for the emergency response and the appropriate coordination structure (sections 1.1.3c and 1.4), it is important to consider the following:

- ✔ **If there is a sector coordination body already in place** when the Nutrition Cluster is formally activated, focal persons in relevant groups and their working relationships may already be clear. In this case, the NCC should review the membership of the Nutrition Cluster to see if all relevant groups are represented and, if they are not, to proactively take steps to identify which partners are missing, why, and how to engage them.
- ✔ **If the Nutrition Cluster is being established without the foundation of a previous sector coordination structure**, the NCC should identify those bodies that are engaged in nutrition or are relevant to nutrition coordination. The NCC will need to establish contact with them (with contact information from the UN Office for the Coordination of Humanitarian Affairs (OCHA), the Cluster Lead Agency (CLA), the Ministry of Health (MOH), donors and other cluster partners) and ensure that the open nature of Nutrition Cluster membership and its added value to partners are clear.
- ✔ **Some partners will be represented at national and sub-national levels, while others will not**. In addition, it is common to find technical staff in the field, with representational staff/coordinating staff at the national level. NCCs working at national and sub-national levels will need to coordinate (e.g. around setting agendas, planning where to convene meetings in relation to the types of decision that need to be made and participation in Technical Working Groups) in order to ensure that all relevant partner agency staff are engaged. This level

of planning can then be communicated in advance to ensure that technical or representational staff can travel as needed.

There are also additional considerations to take into account in relation to the broad range of stakeholders who engage in the Nutrition Cluster or who may have a role to play in the nutrition emergency response (Table 2.1).

Table 2.1: Overview of stakeholders and issues to consider in engaging them in the Nutrition Cluster

Stakeholder	Issues to consider
National authority This refers to the national and sub-national governments, including the ministries of health, agriculture, women's empowerment and/or child welfare and any existing national emergency management authority	● The ultimate responsibility for the emergency response rests with the national authority. It should be approached as part of the negotiations around establishing the Cluster Approach. It is up to the national authority to clarify its engagement with the cluster. ● Engagement with the national authority should be strategic, building working relationships with technical staff, as well as with policy/decision-makers. National authority structures can be fluid and dynamic, with technical and political staff being replaced during the emergency. If all of the engagement is with one person, collaborative momentum can easily be lost. ● There may be pre-existing working challenges between national and sub-national ministries (e.g. communication gaps). The NCC should be aware of these challenges, and work around these constraints in a way that does not undermine the national authority.
UN agencies	● The major UN agencies often have long working histories at country level and can often provide critical context information and technical insights, as well as contributing their resources of working relationships with a wide range of actors on the ground. UN agencies are often directly engaged with the national authority in terms of policy-level work and institutional capacity building.
International NGOs	● International NGOs often have a long working history at country level, and can also provide context information and technical expertise. In some emergencies, there will be an influx of NGOs into the country to set up operations. Broad orientations for NGOs already present and incoming NGOs will be critical to ensure that there is a common level of understanding of the Cluster Approach and of technical standards for nutrition in emergencies.

Table 2.1: Overview of stakeholders and issues to consider in engaging them in the Nutrition Cluster

<table>
<tr><th>Stakeholder</th><th>Issues to consider</th></tr>
<tr><td>Local NGOs</td><td>Local NGOs have critical insights into the issues and underlying dynamics in the country. They often have, amongst other things, a comparative advantage in early response and operational planning due to their links with local communities and authorities.
On the other hand, the involvement of local NGOs is often constrained by lack of funding or resources, language barriers, organisational culture, access to information and the overall organisational capacity of civil society. To increase the participation of local NGOs, the NCC can:
provide information and resources in a local language;
keep reporting and information management (IM) tools simple;
work within existing local structures;
identify culturally appropriate meeting times and locations;
provide meaningful opportunities for involvement in decision-making through participation in, or leadership of, sub-national clusters or working groups.
Where there are gaps in capacity, the NCC should consider facilitating partnerships between more experienced Nutrition Cluster partners and less experienced local NGOs through training, small-scale funding and shared cluster responsibilities.</td></tr>
<tr><td>International Red Cross and Red Crescent Movement
This refers to the IFRC, the ICRC and Red Cross/Red Crescent National Societies</td><td>The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian and development network, with millions of volunteers in 186 member National Societies.
The International Committee of the Red Cross (ICRC) has stated its position on the Cluster Approach as the following: "Among the components of the Movement, the ICRC is not taking part in the cluster approach. Nevertheless, coordination between the ICRC and the UN will continue to the extent necessary to achieve efficient operational complementarity and a strengthened response for people affected by armed conflict and other situations of violence."
National Societies differ in terms of staffing and resources, but can contribute critical insights and working relationships to the work of the Nutrition Cluster.</td></tr>
<tr><td>Civil society
Community-based organisations (CBOs), faith-based organisations (FBOs), advocacy groups, private sector, the media, professional associations</td><td>It can be challenging to engage civil society in the Nutrition Cluster, since there is limited guidance in this area and in many cases limited actual mechanisms for engagement. However, civil society groups can contribute to the emergency response by providing local knowledge and expertise, human resources and equipment, by sharing information and through advocacy.</td></tr>
<tr><td>Donors with an expressed interest in nutrition in emergencies</td><td>A broad range of donors currently support nutrition in emergencies and capacity development around the Cluster Approach. There is also a need to build donor relationships with non-typical donors for emergencies, which will depend on the context.</td></tr>
</table>

Table 2.1: Overview of stakeholders and issues to consider in engaging them in the Nutrition Cluster

Stakeholder	Issues to consider
International military and peacekeeping forces[1]	• Coordination with military or peacekeeping forces may be necessary in a complex emergency situation and should, where possible, be undertaken through OCHA and the inter-cluster coordination mechanism. Any interaction must respect humanitarian law and must serve the primary purposes of relieving humanitarian suffering and assuring protection and assistance for all non-combatants affected by conflict or disaster. • It is important for all Nutrition Cluster partners to be aware of, and to guard against, the risks of forming too close an affiliation with the military, or even creating a perception that this is the case. • Significant care is needed when considering the use of military assets to support humanitarian action, such as air and road transport, armed escorts or joint humanitarian/military operations in all response contexts. Such an approach should be taken only when there is no civilian alternative. 1 For more information, see IASC (2008). *Civil-Military Guidelines and Reference for Complex Emergencies*.
Academic and research institutions	• While their engagement in the day-to-day Nutrition Cluster coordination mechanism is often limited, academic and research institutions can be valuable resources in terms of expertise, capacity building (including training) and information, as well as in mobilising equipment and personnel for assessments. They are also critical partners in terms of standard setting for training and certification in nutrition-related skills.
Other clusters that have impacts on direct and underlying causes of malnutrition – in particular Health, Food Security and WASH	• Engagement with the leadership of other clusters, either formally through an inter-cluster coordination mechanism or through bilateral working relationships, is essential in order to ensure a well coordinated response (section 2.4).

In terms of engaging and maintaining working relationships with Nutrition Cluster partners, the NCC should aim to:

✔ **be inclusive** and ensure that all attempts are made to identify and engage relevant stakeholders and potential partners so that they are given the opportunity to fully and equally participate in setting the direction, strategies and activities of the Nutrition Cluster. The overall structure, levels of engagement and roles and responsibilities can differ between partners, and should be clarified through the Terms of Reference (TOR) for the Nutrition Cluster (section 1.4.3);

- ✔ **ensure that the Principles of Partnership (POP) are upheld**. Partners in the Nutrition Cluster will have a wide range of mandates, capacities and experience, but each of them should be able to engage on an equal basis (section 10.1.6);
- ✔ **complement and strengthen existing coordination structures and processes**, taking into account the level of engagement of the national authority and, in the case of complex emergencies, whether or not the national authority itself is part of the conflict;

Box 2.1: Additional considerations for Nutrition Cluster coordination

Agencies and entities will engage with the Nutrition Cluster in different ways.

- Although the ICRC does not formally participate in the Cluster Approach (Table 2.1), in practice ICRC staff and NCCs have often shared information relating to the coordination of planning around nutrition emergency responses.
- In the case of the military, engagement will often depend upon whether the military force is party to the conflict, and on whether or not it is directly providing humanitarian aid or facilitating the delivery of aid by other agencies. Concerns often centre around the erosion of separation between the humanitarian and military spaces. For example, in Pakistan the National Disaster Management Authority (NDMA), the body mandated by the national authority for emergency response, consists of senior military officers who work closely with military institutions. The NDMA successfully led the emergency responses in 2006 and 2010, with the support of the humanitarian community. In Afghanistan, on the other hand, NATO coalition forces engaged in nutrition programming even though they were not participating in the Nutrition Cluster mechanism, which raised concerns about the quality of the NATO nutrition programme and the potential for reducing the acceptability of community-based management of acute malnutrition (CMAM) programming under the Nutrition Cluster.
- In the case of nutrition emergencies amongst refugees (both inside and outside camps) and IDPs in camps, UNHCR may be a Nutrition Cluster partner and may contribute to the overall Nutrition Cluster response. At the same time, UNHCR has a specific coordination role to play in addressing the needs of refugees, including leadership in addressing their nutrition needs (section 1.1.3.a).

- ✔ **be realistic and manage expectations** of partners and stakeholders by establishing feasible objectives for the Nutrition Cluster and demonstrating the added value of the Cluster Approach in the emergency response;
- ✔ **ensure that partners have something to gain from participation**. This can include better access to information, access to shared resources (e.g. technical resources, operational support, funds), capacity development support and the option to provide input into standards and guidelines to ensure that they are relevant and realistic. This can also include the NCC acting as advocate and mediator for partners, e.g. in mediating with the national authority around quality control issues for therapeutic products that affect the Nutrition Cluster supply pipeline, or humanitarian access for Nutrition Cluster partner staff;
- ✔ **promote mutual accountability and acknowledge inputs** – in other words, to promote shared responsibility among partners for a common purpose, as opposed to hierarchical accountability. This dynamic is particularly important as Nutrition Cluster partners are not accountable to the CLA, except in the case of contractual obligations as an implementing partner. Similarly, reporting around the Nutrition Cluster's activities must adequately acknowledge the contributions of partners.

2.1.2 Maintaining relationships with Nutrition Cluster partners

Maintaining relationships with Nutrition Cluster partners is just as critical an activity as establishing working relationships in the first place. The NCC should:

- ✔ offer **meaningful opportunities for involvement and feedback**, e.g. through working groups, consultation on draft materials and strategic discussions within the Nutrition Cluster;
- ✔ **build relationships and maintain contact** with all Nutrition Cluster stakeholders;
- ✔ **devolve Nutrition Cluster decision-making** where possible, e.g. rotate the chair, rotate involvement in advisory or working groups, rotate the venue so that all partners have the opportunity to host meetings;
- ✔ keep **information demands to a minimum** and ensure that **information provided by partners is clearly used** in reporting and communication around the emergency response;

- ✔ **promote accessibility to the Nutrition Cluster coordination mechanism** by providing interpretation in meetings, translated documents and consultation forums at local level, since these are crucial to enabling the ongoing participation of local Nutrition Cluster partners;
- ✔ **meet partners individually**, preferably at their offices, as this can be very effective in creating a strong working relationship and overcoming misconceptions and the unequal power dynamic that often exists in large meetings, where smaller agencies can find it difficult to contribute.

2.2 MANAGING AND FACILITATING SUCCESSFUL NUTRITION CLUSTER COORDINATION MECHANISMS

2.2.1 The leadership role of the Nutrition Cluster Coordinator (NCC)

Leadership of clusters requires a shift in mindset and practice from a directive leadership approach to a collaborative approach. Practically, this means viewing other organisations and their personnel as pathways to strengthening the nutrition response, not as competitors or obstacles. The NCC's ability to lead and coordinate will depend on the trust and relationships that s/he can build and the services or value that s/he provides to cluster members. More specifically, leading a cluster requires a shift:[29]

From…	To…
leading based on line authority	leading based on trust, relationships and services
unilateral decision-making	shared decision-making and consensus management
command and control	facilitating, building relationships and enabling
"lead agency" identity	"convener" or coordinator role
telling, directing and ordering	asking, consulting and suggesting
a focus on agency interest	a focus on broader issues and the emergency as a whole
finding fault, blaming, sanctioning	mutual learning, feedback, continuous improvement
being "out in front"	facilitating and supporting "behind the scenes"
"directive" leadership	"collaborative" leadership.

29 IASC (2007). *Cluster/Sector Lead Training. Tip Sheet – Leadership in Clusters.*

Experience has shown that different situations require different styles of leadership. The NCC needs to be a collaborative leader, assessing the situation and choosing an appropriate leadership style as necessary (Table 2.2). An effective collaborative leader will use all three styles described at different times, depending on:

- how much time is available;
- whether relationships are based on respect and trust, or on disrespect;
- who has the information, skills and experience required;
- how well others know the task;
- whether the task is structured or unstructured, complicated or simple;
- whether there are established procedures which need to be followed;
- whether there are internal conflicts which need to be managed and controlled;
- how motivated individuals are.

Table 2.2: Leadership styles and conditions for use

Leadership style	Conditions for use
The **directive** style initiates action, structures activities, motivates others and gives feedback to participants. It is not about threatening or demanding.	The **directive** style can be appropriate in the initial stages of establishing the Nutrition Cluster when guidance is needed on how the cluster works and frameworks, processes and timescales are being set. It is also useful when time is short. However, it will only work if cluster participants are motivated and committed to the common goal.
The **participative** style is important in building the trust and engagement of cluster participants, and in establishing initial principles, plans and modes of operation. Much of the NCC's time will be engaged in this style of leadership. However, it is time-consuming, and not every decision needs to be democratic, so it is important to develop the flexibility to use the other styles appropriately.	The **participative** style gets results through leading discussions, asking questions to involve others, encouraging others to volunteer for responsibilities, confirming commitments and asking for votes to obtain consensus or majority decisions.
The **delegative** style lets the group make decisions and encourages others to use their expertise, while still maintaining responsibility for the overall outcomes.	It may be important to **delegate** responsibility for specific aspects of cluster activity and allow participants to use their specialist knowledge and experience e.g. setting up technical or working groups. As the cluster matures, it will be increasingly important to employ this style of leadership.

2.2.2 The structure of the Nutrition Cluster

It simply is not possible to involve every single Nutrition Cluster partner in every aspect of strategic planning, setting standards and compiling information. A management structure composed of three complementary working groups (Table 2.3) is recommended, in particular in cases where there are more than 20 cluster partners and/or 30 individuals involved.[30] The Strategic Advisory Group (SAG) enables decision-making on behalf of the larger group through representation of stakeholder groups. Technical Working Groups (TWGs) are established on a needs basis and develop and agree upon minimum standards, and formulate the most appropriate technical practices with which to attain those standards. The Information Management Working Group (IMWG) ensures timely sharing of reliable and relevant evidence through joint information systems. The NCC is responsible for identifying whether there is a need to establish these sub-groups (which is generally related to the scale of the emergency), and each mechanism is accountable to the Nutrition Cluster through the NCC.

These mechanisms are not needed for every emergency, and they can sometimes even be counterproductive, in particular when membership of the three groups involves the same individuals, who are effectively being asked to participate in more meetings. Members should self-select from within their stakeholder groups, i.e. not be chosen by the NCC. There should be no more than 12–15 members in each group, and membership in each of the groups can change with time. Members can choose to step down, but should ensure that a replacement from the same stakeholder group is appointed.

In linking the work of the SAG, TWG and IMWG to that of the larger Nutrition Cluster group, regular briefing updates by the working groups to the Nutrition Cluster at coordination meetings can be helpful. At the same time, there may be a need to allocate additional time to check in with the Nutrition Cluster as a whole with a longer presentation and discussion, in order to gather feedback and generate support for the outcome.

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30 IASC Principals' meeting of February 2011 and DFID's *Humanitarian Emergency Response Review* of March 2011.

Table 2.3: Overview of structures in the Nutrition Cluster

Group/purpose	Role may include to:	Membership
Strategic Advisory Group (SAG) To enable decision-making on behalf of the larger group through representation of stakeholder groups. The national authority should co-chair the SAG if possible, with the NCC or other Nutrition Cluster members available to act as chair on a rotational basis. It is the responsibility of the NCC to ensure that outputs of the SAG are communicated to the Nutrition Cluster, as well as to relevant authorities and other stakeholders.	• Develop the TOR/Standard Operating Procedures (SOP) for the Nutrition Cluster, in recognition of national authority policies and structures, and ensure routine review and update of the TOR/SOP; • Formulate the Nutrition Cluster response strategy and action plan, and ensure routine review and update of these; • Provide strategic oversight of implementation of the Nutrition Cluster workplan; • Establish, oversee and close the TWGs as needed; • Formulate the Nutrition Cluster advocacy strategy; • Provide strategic oversight of resource mobilisation and allocation; • Provide strategic oversight of the incorporation of cross-cutting issues into Nutrition Cluster action.	Major stakeholders, who may include: • national authority focal points; • the NCC; • donors; • international and national NGOs; • ICRC, IFRC, Red Cross/Red Crescent National Society; • Early Recovery Cluster and representation on other cross-cutting issues; • coordination focal points from other relevant clusters; • OCHA Inter-Cluster Coordinator; • military liaison (where applicable).
Technical Working Groups (TWGs) To develop and agree upon minimum standards, and formulate the most appropriate technical practices with which to attain those standards. TWGs are established for specific needs, and should be disbanded when the required output is finished. Ideally, a TWG is chaired by a Nutrition Cluster partner, or co-chaired with the national authority, with support from the NCC as needed. The NCC ensures that the Nutrition Cluster is engaged strategically through the development process.	• Ensure that relevant technical standards are formulated and agreed within the TOR and the deadline set by the SAG; • Advise the SAG on compliance issues connected with application of the agreed standards; • Strategically update the Nutrition Cluster on the status of work in progress and present final outputs/recommendations of the TWG to Nutrition Cluster stakeholders in oral and written forms for feedback and comment; • Ensure that the TWG membership is representative of the wider Nutrition Cluster stakeholder groups, and ensure that relevant technical skill-sets are appropriate and available (and advise the NCC if this is not the case); • Set up sub-working groups as required; • Ensure that all Nutrition Cluster stakeholders have the opportunity to supply feedback into the work of the TWG prior to presentation to the Nutrition Cluster in plenary; • Ensure that TWG outputs are endorsed by the Nutrition Cluster.	Membership of TWGs should be self-selected from the Nutrition Cluster, depending on available technical skills, interests and capacities. Ideally, UN agencies, NGOs, the national authority, the academic sector and others will be involved.

Table 2.3: Overview of structures in the Nutrition Cluster

Group/purpose	Role may include to:	Membership
Information Management Working Group (IMWG) To ensure timely sharing of reliable and relevant evidence through joint information systems. Ideally this group will be chaired by the IM manager, or if possible co-chaired with the national authority IM specialist.	• Ensure consistent usage of common datasets between clusters; • Identify the people most in need; • Track trends in coverage and access over time against routine monitoring indicators and key performance indicators; • Highlight the need for mutual cooperation in adapting ongoing programmes to the evolving needs and priorities of others; • Capture relevant information from other clusters. Make use of, and manage content through, dedicated IT and web-based resources.	Membership of the IMWG should be self-selected from the Nutrition Cluster, depending on available technical skills, interests and capacities. Ideally, UN agencies, NGOs, the national authority and the academic sector will be involved.

2.2.3 Preparing for a Nutrition Cluster coordination meeting

Coordination meetings are a very important tool for sharing information; engaging partners; developing common analysis, strategies, standards and guidance for response; and providing adequate monitoring and support. Nutrition coordination meetings should be the forum for discussing the way forward for the Nutrition Cluster in light of needs, gaps and emerging issues. Meetings should focus on problem solving, prioritisation and planning. Coordination meetings should not be used primarily for information sharing or agency updates. Information sharing should be done through the IM system (section 3.5).

Before calling for a coordination meeting, the NCC should identify the objective, and assess if a meeting is the best forum to fulfil the objective (Table 2.4).

Table 2.4: Is a coordination meeting needed?

Why	✔ What are the purpose and expected outcomes of the meeting? • Give or share information, feedback, reports • Generate ideas • Find solutions/solve problems/make decisions • Develop trust, relationships and teams ✔ Who needs to agree these objectives? What do partners want from the meeting? Is the meeting part of a continuous process?
What	✔ What topics need to be on the agenda? • Use the agenda to explain how different topics will be handled, and for how long. List what people need to bring ✔ Is the agenda circulated beforehand? Bring spare copies!

Table 2.4: Is a coordination meeting needed?	
Who	✔ Who should attend? Are the right people available? ✔ Is there a protocol for invitations, e.g. to technical or working group meetings?
Where	✔ Which is the best location and venue to suit everyone? ✔ Does it have the space, equipment, ventilation, catering needed? ✔ What is the best layout for the style of meeting: formal or informal?
When	✔ When is the best time for this meeting? Are there clear start and finish times that are culturally acceptable to all, e.g. respecting prayer times? Avoid conflicting with other coordination or cluster meetings. ✔ Is there sufficient time to achieve the objectives? What breaks will be needed? Will the meeting be free from interruptions?
How	✔ What is the best way to start, engage all cultures, encourage contributions and clarify purpose and expectations? ● For example, introductions, ground rules, ice-breakers ✔ What translation and interpretation is needed? ✔ How will you record, clarify and circulate decisions and actions? For example, on a flipchart or whiteboard, or in minutes?

There are alternatives to meetings that may be more appropriate under certain conditions, such as:

- circulation of written memos/reports;
- email messages/fax;
- phone calls;
- instant messaging;
- teleconferencing/videoconferencing;
- online options, e.g. Google Groups, Nutrition Cluster website.

If a meeting is required, the **objectives and agenda** should be clear. If the national authority or another agency is co-leading the Nutrition Cluster and/or co-chairing the meeting, the contents of the agenda and method of facilitation need to be agreed prior to the meeting. The agenda should be:

✔ **realistic:** e.g. only including as many topics as can reasonably be raised and discussed, and actions recommended;

✔ **prioritised:** ideally the agenda should follow a logical flow, with each item building on the previous one. If there is a large number of items, or there are some items that are more urgent than others, consider arranging the agenda to

put the most urgent first, and be clear on what has to be covered and what would be useful to cover if there is time;

- ✔ **accessible** in terms of language. Ideally, the agenda will be available in the national language, as well as in the language that is being used for coordination. It may not be possible to translate all of the background documents, but at a minimum the agenda and the invitation to the meeting should be translated.

Sample agendas including topics for the first and subsequent meetings can be found in Annex 3 and on the GNC website.

Meetings require preparation – being unprepared will cost time and undermine collaboration. Preparatory work includes coordinating the timing and location of the Nutrition Cluster meeting with other clusters, identifying an adequate meeting space, circulating relevant materials and arranging for all necessary support such as translation and audio/visual equipment (Annex 3). In addition:

- ✔ If the national authority or another agency is **co-chairing** the meeting, its content and objectives should be clear and agreed between the NCC and the co-chair.
- ✔ The **meeting venue** should be chosen with consideration of how it could affect the participation of partners and perceptions of the Nutrition Cluster. Holding meetings at the premises of the CLA may be the easiest and indeed the only option under some conditions, but may undermine perceptions of the NCC's neutrality. In insecure environments, security protocols may require lists of participants who are authorised to enter, but these lists may not be easy to maintain, leading to frustration when partners arrive and cannot get in. There is no one perfect venue under all conditions, but access and perceptions of the Nutrition Cluster should be considered.
- ✔ **Language for coordination** can be a significant obstacle, and one that is difficult to address with limited resources and time. The choice of primary language for coordination needs to be as inclusive as possible, and arrangements should be made to ensure translation. While at times NCCs with adequate language skills have simultaneously translated coordination meetings, this situation may be less than ideal if it reduces the NCC's capacity to focus on coordination.
- ✔ The **frequency of meetings** will depend on the needs of the emergency. Generally, at the onset of an emergency, whether it is acute or while the Nutrition Cluster is being introduced in a protracted emergency, meetings are frequent, but their frequency may diminish with time.

- ✔ If there are **national and sub-national Nutrition Clusters**, coordination meetings may operate independently, though NCCs at both levels need to coordinate information flow in general, in addition to agenda items where inputs from national and sub-national levels are needed.
- ✔ Nutrition Cluster meetings are an important mechanism for **using the IM system for information sharing and knowledge management**. For example, participants can be asked to share/update contact information (e.g. circulating a hard copy of available information to mark attendance, or to be corrected or added to). In addition, new individuals can be asked to come prior to the meeting, or remain afterwards, for a short briefing and overview of the Nutrition Cluster.

The NCC will have a role in coordination meetings both as chair and as a participant (e.g. in inter-cluster meetings). Preparation is required for both roles.[31]

As a participant, the NCC should:

- ✔ know the agenda of the meeting;
- ✔ gather relevant documentation;
- ✔ prepare key issues, presentations or inputs in consultation with Nutrition Cluster partners when appropriate, or represent the Nutrition Cluster's point of view from previous discussions;
- ✔ engage in any strategic discussions with partners or stakeholders as needed;
- ✔ give feedback to the Nutrition Cluster on the meeting's aims, process and relevant outputs.

As a chair or co-chair, the NCC should:

- ✔ determine if a meeting is the most appropriate forum to achieve the aim required (Table 2.4);
- ✔ prepare the agenda and materials (Annex 3);
- ✔ utilise appropriate chairing/facilitation skills (Table 2.5);
- ✔ gather feedback;
- ✔ follow up with partners on documentation and action points after the meeting (Annex 3).

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31 For further information, see J. Shepherd-Barron (2011). *Clusterwise 2: Managing Effective Meetings*.

2.2.4 Facilitating a coordination meeting

The NCC is responsible for ensuring that the Nutrition Cluster coordination meeting is led and documented effectively, and this requires specific facilitation skills (Table 2.5). If the NCC is not chairing the meeting, s/he should work with the person who is chairing it to ensure that these areas are addressed. An example of **meeting minutes** can be found on the GNC website.

Table 2.5: Characteristics of a good facilitator

Is prepared	✔ Knows the audience, their background and point of view. ✔ Understands what needs to be achieved and stays focused on that, yet is flexible enough to change the course of the discussion in the case of a burning issue that will prevent the meeting moving ahead. ✔ Touches base with the translator (if there is one) prior to the meeting if possible to determine the best way to facilitate simultaneous or summary translation. Ensures that the speed of the meeting is conducive to translation.
Initiates	✔ Makes suggestions on how the meeting can proceed. ✔ Encourages ideas from others. ✔ Looks for connections between other people's ideas. ✔ Limits giving his/her own opinions and ideas in order to remain neutral. ✔ Asks open-ended questions to draw out ideas and involve people in solving problems, such as: *"How do you like…?"* *"What are your ideas?"* *"How do you feel about…?"* *"What do you think?"*
Encourages positive reactions	✔ Checks the level of support and agreement for other people's ideas. ✔ Encourages reasoned disagreement to ensure constructive debate. ✔ Stays positive and focused on the purpose of the meeting. ✔ Shows that s/he is listening by responding to what is being said, without interrupting. ✔ Does not answer on other people's behalf or finish what is being said. ✔ Remains neutral, e.g. focusing on the validity of what is being said rather than on personal feelings. In the case of negative feedback, responds openly and realistically, rather than making excuses.

Table 2.5: Characteristics of a good facilitator

Clarifies	✔ Restates or paraphrases an idea or thought to make it clearer. This can involve asking, for example: *"So, just to be clear, you are saying…?"* *"Would you please elaborate on that?"* *"What example might illustrate your point?"* *"What led you to believe this?"* *"How would you implement this idea?"* ✔ Checks that others have understood, in particular around different connotations of local words and phrases that may be used with different meanings. ✔ Limits over-detailed explanation from others, bringing the discussion back to the agenda item.
Summarises	✔ Regularly summarises key points in the discussion, agreements, action points, etc. For example: *"To summarise, your main points are…"* *"These seem to be the key ideas expressed…"* *"We seem to agree on the following points…"* ✔ Arranges for a volunteer to record key points as they arise, which helps the group stay focused, avoids repetition and helps to reach consensus.
Ensures participation	✔ Creates opportunities for everyone to participate and feel that they are listened to and their contribution valued. ✔ Encourages wide participation, and asks for information and opinions, especially from smaller NGOs and donors. ✔ Prevents side conversations, which can be distracting. ✔ Avoids strong characters dominating, e.g. by moving from one speaker or topic to another. ✔ Respectfully discourages unhelpful comments and digressions during the meeting, in asking those present to keep to the objectives and/or to discuss that issue afterwards.
Uses non-verbal and verbal signals	✔ Listens actively. ✔ Uses simple, direct communication and avoids vague ideas, jargon and technical abbreviations (without giving a short definition). ✔ Adjusts volume and speed of speech to ensure that s/he is understood. ✔ Allows time and space for reflection by pausing between comments. ✔ Avoids defiant or defensive postures, e.g. arms folded in front of the body. ✔ Combines body language and speech to communicate, e.g. uses eye contact to encourage or discourage particular behaviours. ✔ Is aware of cultural differences in communication, in particular between genders.

However, even an experienced facilitator will face challenges and needs to take specific steps to prevent or address these challenges (Table 2.6).

Table 2.6: Challenges to facilitation and suggestions for addressing them

Challenge	Points to consider
Getting the people you need to attend	✔ Circulate a clear agenda clarifying who needs to attend and the purpose, timing and detail of each item, before the meeting. ✔ Maintain personal contact with decision-makers and issue personal invitations when needed, e.g. if the partner has been absent from several meetings.
Keeping time	✔ Indicate timings in the agenda. ✔ Elect a time-keeper. ✔ Invest in consultation prior to meetings if needed to diffuse contentious issues so that decisions can be taken more easily.
Dealing with aggressive partners	✔ Determine the seating arrangement, and if possible do not place aggressive partners opposite each other. Mix people up so that the same people do not always sit together. ✔ Display agreed Nutrition Cluster principles, policies, standards, etc. to diffuse old arguments. ✔ Ask people to refer to minutes for previous decisions.
Hidden or conflicting agendas	✔ Be clear about who should attend, and specify this in the agenda and invitation. ✔ Listen to the viewpoints being presented and try to link them to the discussion in a constructive way. ✔ Where necessary, use negotiation skills to bring partners back to a common objective. ✔ Refer issues outside the agenda of the meeting to an alternative forum for discussion.
Language barriers	✔ Arrange for simultaneous translation. ✔ Ensure that materials are translated, including the agenda, meeting minutes or notes, Nutrition Cluster strategy, plans, principles, policies, standards, etc.
Making meeting outcomes productive	✔ Send minutes from the previous meeting with the agenda. ✔ Ensure that meeting minutes capture action-oriented information. ✔ Follow up on action points before the next meeting. ✔ Respectfully follow up on agency commitments that have not been fulfilled as agreed.
Remaining patient and keeping focused	✔ Remain professional and do not take comments personally. ✔ Ensure that you are taking care of yourself physically so that you are prepared to facilitate the meeting. ✔ Limit discussion to those items on the agenda, and allow for further discussion through working and sub-groups, or through other forums.
Funding meetings and attendance	✔ Incorporate Nutrition Cluster coordination costs within pooled funding appeals. ✔ Develop a clear policy on attendance costs, e.g. no per diems or payments for attendance.

2.2.5 Following up on a coordination meeting

There are also key areas for follow-up after a coordination meeting, including preparation and dissemination of the minutes, and taking the follow-up action agreed upon. A checklist can be found in Annex 3.

Feedback from partners is an important tool for improving and supporting the function of the Nutrition Cluster. It can be shared through formal as well as informal mechanisms, and provides an opportunity to learn. It is very difficult to understand people's impressions and thoughts without asking for feedback.

When giving feedback	When receiving feedback
Give both positive and constructive feedback (*"One thing you might want to do is..."*).	Listen, and ask questions to clarify.
Be precise – illustrate with an example (*"For example, when..."*).	Ask for a specific example or incident to illustrate general feedback.
Allow time for the person receiving feedback to respond if they would like to.	Do not become defensive or feel that you have to have a specific response at that time.
Don't argue, but listen to the response.	Thank the person for the feedback and then choose the best way forward.

2.3 COORDINATION SKILLS

2.3.1 Building consensus

Consensus involves aiming for the maximum level of agreement among people while drawing on as much and as many of everyone's ideas as possible. Consensus should be aimed for when high-quality input and commitment with follow-through are desired from a group. It is a process for encouraging participation and ownership, and can lead to groups creating innovative solutions to complex problems. However, it is time-consuming, requires a high degree of input and commitment and can lead to conflict if no consensus is reached. A key coordination skill is assessing when it is important and appropriate to build consensus around a decision.

The NCC needs to use the **directive** style of leadership for decision-making when decisions are needed very quickly, and the **delegative** style to increase efficiency and to maximise the contribution of every team member. S/he should use a **majority vote** to include a large number of people at relatively low cost, and should use the **participative** style of consensus building when needed and when the conditions are suitable (see Table 2.2 above on leadership styles and Table 2.7).

Table 2.7: Conditions for consensus building

Consensus building is most useful when:	Consensus building may not be the most efficient option when:
• Participants have perspectives and information of value to the decision-making process; • Buy-in is key to commitment, ownership of decisions and follow-through; • The way forward is in doubt and/or solutions are ambiguous; • Solutions require interdependent action by stakeholders; • Power, information and implementation are fragmented among many stakeholders; • Stakeholders hold conflicting views, yet unity on major decisions is required to uphold standards and accountability; • Good relationships among stakeholders are needed in the future; • The group is relatively small (up to 20 participants) and has mutual understanding.	• The problem is clearly obvious, not complex and the solutions are highly technical or options are severely limited; • Inter-agency standards and objectives are compromised or threatened by consensus; • Another decision-making process is more efficient and/or effective; • Stakeholders are highly politicised or their views are highly polarised; • Decision-makers are not at the table; • There is insufficient information; • There is insufficient time to fully explore all views and reach a consensus.

If consensus building is needed, the NCC can lead the group through the steps towards achieving this (Box 2.2). In facilitating this process, the NCC should:

✔ focus on and explore **underlying interests**. Solutions are found among the interests, not necessarily in the positions, that each party brings to the table;

✔ approach the decision or discussion with a **problem-solving** mindset rather than an adversarial mindset;

✔ use **active listening skills** to learn why individuals may object to the position of the group;

✔ **trust the process** – the NCC should believe that the group can reach agreement, and should project this belief to the group;

✔ Identify and grow the “**zones of agreement**” – these are the areas and priorities on which the group agrees;

✔ break larger groups down into **smaller groups** tasked with specific responsibilities. It is easier to work out agreement with a smaller group of representatives (6–8 people) than with a larger group (e.g. the SAG, TWG or IMWG).

Box 2.2: Steps in building consensus

1. **Agree on your objectives** as well as expectations and rules.
2. **Define the problem** or decision to be reached by consensus.
3. **Brainstorm** possible solutions.
4. **Discuss** pros and cons of the narrowed-down list of ideas/solutions.
5. **Adjust, compromise and fine-tune** the agreed upon idea/solution so that all members of the group can accept the result. This will include testing for agreement. Note when the group is nearing agreement and can move on to a firm decision. Groups can waste a lot of time talking around ideas that they largely agree on. It is worth presenting the group with the ideas you are hearing and asking for some sign of agreement or disagreement. Some level of disagreement may still allow the group to move forward; for example, non-support: "I don't see the need for this, but I'll go along with it", or standing aside: "I personally can't do this, but I won't stop others from doing it".
6. **Make your decision**. If a consensus is not reached, review and/or repeat steps 1–6.
7. Once the decision has been made, **act** upon what you have decided.
8. **Follow up and monitor** implementation of the agreement.

2.3.2 Negotiation and conflict resolution

If the problem cannot be solved simply and if consensus cannot be achieved, then negotiation needs to be employed. On occasion, there will also be a need for conflict resolution. Even so, conflicts of interest and the negotiations around them can often lead to more effective and sustainable solutions, because they draw in a much wider range of views and possible solutions. Conflict should not be seen as something to be unilaterally avoided. Conflicts are a pervasive and inevitable part of any group and, if handled well, can lead to growth and development of the Nutrition Cluster and of each individual member. It is important to learn the skills needed to handle conflicts constructively (Box 2.3). Positive outcomes can include:

- awareness of problems and change encouraged;
- better decisions and more creativity;

Box 2.3: Steps for handling conflict

1. **Recognise symptoms:** Overt symptoms include anger, disengagement, being quiet, body language, formation of cliques and arguments. Hidden symptoms include low energy, non-attendance, lateness/leaving early, mistakes, not socialising.
2. **Tackle it early:** Left alone, conflict grows and spreads.
3. **Identify the causes:** Sources of conflict can include:
   - strategies (lack of clarity, no common vision);
   - systems (methods of communicating);
   - structures (division of responsibilities, physical barriers/access);
   - cluster diversity (differing values among participants);
   - individuals (personalities, styles of working).
4. **Focus on core issues or problems:** Avoid focusing on previous negative interactions or issues.
5. Consider each point of view: Use active listening.
6. **Invite suggestions on the way forward:** Focus on solutions and on building consensus.
7. **Check agreement of all stakeholders:** Check back that everyone accepts the resolution.

- heightened interest and energy in the group;
- increased cohesiveness and differences dispelled.

If a group tends to avoid conflicts, resolve them prematurely or stifle any discussion of differences, serious difficulties may arise, and relationships among participants and the Nutrition Cluster's effectiveness and productivity will suffer. If a group is unable to withstand the stress of a conflict among members, it is not likely to last very long.

The NCC may negotiate directly with another person or group (e.g. on behalf of the Nutrition Cluster at an inter-cluster meeting) or facilitate negotiations between other conflicting parties (Box 2.4). Within the Nutrition Cluster, negotiations may tend to centre around the strategic focus, the division of responsibilities or simply the timing of meetings. The NCC may also enter into negotiations on behalf of

Box 2.4: Negotiation

1. Prepare options beforehand: Before entering into a negotiation, anticipate why the other person might resist your suggestion, and be prepared with an alternative. Think about the following points:

- What do you really want?
- What is the minimum you are prepared to accept?
- What are all the issues you could negotiate over (time, money, quantity, quality)?
- What might they want from you and what are you prepared to offer?

2. Draw out the other person's perspective: Use questions to find out what the other person's concerns and needs might be. Use active listening. Gauge what issues are most important to them, and where they might compromise. For example, you might try:

- What do you need from me on this?
- What are your concerns about what I am suggesting?

3. State your needs: The other person needs to know what you need. It is important to state not only what you need, but also why you need it. Often there may be disagreement around the method for solving an issue, but not about the overall goal. Start with what you ideally want, but indicate that you are prepared to make some concessions.

4. Do not argue: Negotiating is about finding solutions. Don't waste time arguing. If you disagree with something, state your disagreement in a gentle but assertive way, and offer an alternative suggestion. Don't demean the other person or get involved in a power struggle.

5. Consider timing: The outcome may be better at some times than at others. Negative conditions include:

- a high degree of anger on either side;
- preoccupation with other issues;
- a high level of stress;
- tiredness on one side or the other.

Time negotiations to avoid negative circumstances as far as possible – although, realistically, these are negotiations in an emergency, which is by definition a hectic and stressful time. If these factors arise during negotiations, consider calling for a break, or rescheduling to a better time.

Box 2.5: Case study of negotiating with national authorities

In Sudan, UNICEF acts as the common supplier for therapeutic supplies for the treatment of severe acute malnutrition (SAM). At times, ambiguities in import clearance procedures, as well as limited capacity in testing therapeutic supplies, have led to delays in moving supplies to nutrition partners in the field. Localised loans of ready-to-use therapeutic food (RUTF) supplies have had to be arranged between partners on the ground, and additional funds have had to be used to airlift supplies, rather than being spent on service delivery. In 2007, the National Laboratory in Khartoum reported that there were high levels of peroxide in an incoming shipment of the RUTF milk products F75 and F100 and declared these products to be unfit for human consumption. Three weeks later, Federal Ministry of Health (FMOH) authorities imposed a ban on the use of the products, which was enforced by the state authorities. UNICEF worked with partners to prevent a break in the pipeline, and as lead agency for the Nutrition Cluster initiated a lengthy negotiation process. The negotiations took place at a political level between senior management representatives of UNICEF, WHO and the MOH, as well as at a technical level. A series of technical negotiations, coupled with sampling and sending the products to reference labs, with the support of UNICEF and WHO, confirmed that the F75 and F100 products were indeed fit for human consumption; however, in the four months that it took to resolve the issue, children were put at risk through the enforced use of alternative products. Subsequently, a technical committee of national authority and nutrition stakeholders was put in place to address the issue, and various proposals to develop capacity were discussed.

a Nutrition Cluster partner with other clusters, donors or specific agencies (in particular the national authority). Negotiations may be needed when:

- conflicting interests exist between two individuals or groups;
- there is joint interest in achieving a settlement;
- more than one potential outcome is possible;
- both parties are prepared to make concessions.

Ideally, with strong facilitation skills and clear objectives that are developed through consultation, there will be no need for breaking an impasse, negotiation or conflict resolution. This is not always the case, however. An **impasse** occurs when key stakeholders are unable to perceive effective solutions to their dispute

Box 2.6: Breaking an impasse

1. **Remind** everyone of the humanitarian consequences of failing to reach an agreement, and how an agreement will benefit the community you are all there to serve. Confer and invite suggestions with questions.
2. **Retrace progress** and summarise areas of agreement and disagreement.
3. Find out **where people stand** and how strongly they feel.
4. Gather **further information** or evidence about the issue and points of view.
5. **Build consensus** in mixed small groups, then meet representatives together.
6. Set a **time limit** and then suggest that the issue goes to a majority vote.
7. **Meet with primary disputants** and ask, "What could be changed so that you could support this?"
8. **Bring disputing parties together** outside the meeting. Facilitate conflict resolution/problem solving.

or differences. People feel stuck, frustrated, angry and disillusioned. They might adopt extreme or rigid positions, or they might withdraw from the Nutrition Cluster altogether. Either way, an impasse represents a turning point in efforts to negotiate a solution to the conflict. As such, rather than avoiding it, an impasse should be viewed with calm, patience and respect (Box 2.6).

2.4 WORKING WITH OTHER CLUSTERS AND COORDINATING BODIES

The NCC's role is to ensure that collaboration and coordination between clusters take place, through building on existing coordination mechanisms and also strengthening them. Much will depend on the NCC's initiative in ensuring that these links are made. The specific mechanisms to coordinate with other clusters within the CLA and outside of it may differ depending on the context. The effectiveness of these inter-cluster mechanisms may also differ from context to context.[32]

32 See J. Shepherd-Barron (2011). *Clusterwise 2: Inter-Cluster Coordination*.

2.4.1 Working with other clusters within the Cluster Lead Agency (CLA)

The CLA may be responsible for more than one cluster. For example, UNICEF, which is the global CLA for Nutrition, is also the global CLA for WASH and Child Protection, and co-lead for Education. In the event that more than one cluster has been activated within the same CLA, coordination with other cluster coordinators can be of benefit to the NCC, both in terms of broader inter-cluster engagement and also in terms of ensuring operational support. Cluster coordinators and their teams each require administrative and IM support, as well as space to work and communication/IT support. It may be possible to share this support between clusters in the CLA, depending on the workload. In some cases, cluster coordinators are located together in the same office, which may or may not be on CLA premises. Co-location can help promote dialogue in real time and, if this additional venue has space to conduct meetings, the location can help protect the perceived neutrality of cluster coordinators.

In large-scale emergencies, an additional staff member at senior management level may be delegated to coordinate between the cluster coordinators and to link their inputs to the head of the CLA. In previous emergencies, this staffing role has resulted in improved communication in real time, has facilitated joint strategy development and has improved representation of the profiles and issues of the distinct clusters by the head of the CLA. Although this type of additional staffing role is not yet standard, it can be considered if the scale of the emergency indicates that it is needed.

2.4.2 Working with other clusters through OCHA

The UN Office for the Coordination of Humanitarian Affairs (OCHA) is an entity within the UN Secretariat which supports mobilisation, funding and coordination of humanitarian action in response to complex emergencies and natural disasters. OCHA works closely with governments to support them in their lead role in humanitarian response and facilitates the work of UN agencies, NGOs and the International Red Cross and Red Crescent Movement in delivering humanitarian services (Box 2.7). OCHA has a key role to play in supporting the clusters. Its role is not, however, to manage individual clusters, nor to provide secretarial support. Among its responsibilities, OCHA should:

- build and maintain **cross-cluster linkages** by chairing inter-cluster meetings, establishing common IM systems, etc. to ensure that there is an effective

mechanism for coordinating and streamlining individual cluster operations, and conducting regular strategic reviews of the overall situation;

- **facilitate cross-cluster strategic planning and assessment** processes, such as coordinated rapid assessment, pooled funding appeals and contingency planning;
- **advocate** for donors to fund cluster partners in carrying out priority activities;
- **advise** individual clusters and the Humanitarian Country Team (HCT) **on funding mechanisms**;
- **disseminate policy and guidance** on the Cluster Approach.

The **Inter-Cluster Coordination Group (ICCG)** provides a link between individual clusters and the Resident Coordinator (RC)/Humanitarian Coordinator (HC). The ICCG membership consists of cluster coordinators and appointed cross-cutting issue and thematic focal points. The ICCG is headed by a designated Inter-Cluster Coordinator (usually an OCHA staff member), appointed by the RC/HC. In smaller emergencies the role may be fulfilled by the RC/HC or by a designated cluster coordinator. Ideally membership of the group should include representation from the national authority (preferably as co-chair). There may be a reason to invite other individuals, such as heads of agencies, visiting dignitaries or NGO technical advisors. The ICCG's role is to ensure that:

- a **multi-sectoral operational response plan** is formulated and followed;
- **resources** are equitably and appropriately prioritised across clusters;
- **cross-cutting and thematic areas** are appropriately and consistently addressed;
- **gaps and duplications are avoided**;
- needs **assessments** reflect actual needs;
- **advocacy strategies** are consistent;
- coherent **transition strategies** for clusters are commonly agreed.

Inter-cluster meetings are one mechanism through which matters of concern to all clusters can be addressed – such as contingency planning, emergency preparedness, early recovery and higher-level advocacy issues. Participation in inter-cluster coordination meetings is an important part of the NCC's role, in addition to advocacy and feedback to ensure that the ICCG fulfils its function. It is the NCC's responsibility to ensure that the collective Nutrition Cluster view is

Box 2.7: Engaging with other clusters through OCHA – points to keep in mind

When establishing the Nutrition Cluster:

- ✔ Contact the OCHA office (if established), exchange contact details and sign up to all relevant contact and distribution lists.
- ✔ Get copies of new and recent OCHA Situation Reports, if available.
- ✔ Find out which other clusters are operational and their meeting times and locations.
- ✔ Get copies of operational databases, e.g. Who, What, Where (When) (3W/4W), and pre-crisis and in-crisis datasets, e.g. affected populations (if available).
- ✔ Find out about the use of common IM tools and variables, e.g. P-codes, location names.
- ✔ Find out the arrangements for inter-cluster or inter-agency coordination meetings. Arrange to attend, and introduce yourself and the Nutrition Cluster.
- ✔ Find out about requirements/mechanisms for inter-cluster or agency coordination, e.g. shared web portals, OCHA Situation Reports, pooled funding.

Ongoing collaboration:

- ✔ Provide timely and accurate inputs for pooled funding proposals, Situation Reports and humanitarian reports.
- ✔ Represent the Nutrition Cluster at inter-cluster/agency coordination meetings (the head of the CLA will normally attend HCT meetings).
- ✔ Share Nutrition Cluster 3W information, maps of nutritional activities and assessment, planning and monitoring information with OCHA.
- ✔ Identify inter-cluster/thematic focal points from the Nutrition Cluster as necessary and ensure that they participate in working group meetings such as the IMWG or Early Recovery Network.
- ✔ Ensure Nutrition Cluster representation in joint inter-agency initiatives such as needs assessments and monitoring missions.
- ✔ Advocate for and apply Inter-Agency Standing Committee (IASC) policies within the Nutrition Cluster.

expressed, and that relevant strategic and operational issues are fed back to the cluster. ICCG meetings are often held on a daily basis in the early response, when there is a need to have common agreement on baseline data, common indicators, planning and organisation of assessment, and coordination of Flash and Central Emergency Response Fund (CERF) appeals.

2.4.3 Bilateral collaboration with other clusters

The NCC can engage with other clusters formally through the ICCG, but can also consider proactively engaging other cluster leads on a bilateral basis. Increasingly, the Nutrition Cluster is working more formally with the Health, Food Security and WASH clusters (for an example, see Box 5.6 in Chapter 5: Pakistan survival strategy). Collaboration between clusters can take place at many levels, such as information sharing and common assessment standards, as well as programmatic linkages. The Global WASH Cluster, in consultation with other global clusters, has developed an inter-cluster coordination matrix that identifies key actions from various technical sectors in relation to WASH. The WASH inter-cluster matrix can serve as a model for developing inter-cluster matrices from the nutrition point of view in relation to other clusters in specific contexts.

Currently, there are limited formal guidance and few practical guidelines for cross-cluster collaboration and programming. It is important, however, that the NCC is familiar with key guiding documents and principles in other clusters, in order to be able to effectively identify areas for collaboration. Further resources, illustrative programmes and implications in assessment and strategy development are highlighted in section 5.4 and Annex 5.

2.4.4 Working with other coordination structures

In situations where sectoral coordination mechanisms for nutrition exist, the Nutrition Cluster will need to define clearly how it and the nutrition sector interact in general, and in particular around mobilising the emergency response. Without this type of clarification, there is a risk that the Nutrition Cluster response may have gaps or duplications, and may undermine the current or future capacity and role of national authority coordination mechanisms for nutrition.

Working in collaboration with relevant disaster management coordination bodies within the national authority, if they exist, is also important. Collaboration and coordination can take many forms, from sharing minutes of meetings, bilateral briefings and strategy discussions to participating in the respective mechanisms or co-chairing meetings.

2.5 COMMON CHALLENGES

2.5.1 What are the core challenges related to the NCC position?

The role of the NCC in representing needs and leading the Nutrition Cluster is challenging for a number of reasons. The NCC has responsibility for the process, but has no direct line management over partners (i.e. "responsibility without authority"). The NCC has to identify, guide and reflect the inputs and point of view of the Nutrition Cluster collectively, rather than those of the agency that hired him/her. At times the NCC may be filling two different roles ("double-hatting").

a. Responsibility without authority: The NCC's facilitation role does not come with any authority to enforce commitment or compliance with cluster standards by Nutrition Cluster partners, though the NCC can encourage and support partner engagement and compliance. Achieving coordinated action to address priority problems and gaps depends on building consensus, which in turn requires sensitivity and leadership based on good information, demonstrated competence, respect and trust.

b. Role on behalf of the collective group: To be effective in mobilising a broad partnership base, the Nutrition Cluster has to function in a way that respects the roles, responsibilities and mandates of different humanitarian organisations. To facilitate this, the NCC must act as an independent, impartial and neutral representative, serving the needs of all Nutrition Cluster partners without bias. Key to fulfilling this role are clarifying the relationship with the CLA (section 1.2) and ensuring that every effort is made to present the NCC position as independent of, but hosted by, the CLA (section 1.3.4). Particular areas of sensitivity can include prioritisation and selection of projects for inclusion in collaborative funding appeals, allocation of resources and operational areas, and the degree of influence of the CLA and other more powerful cluster partners within the cluster decision-making structure.

c. "Double hatting": The NCC role may not always be filled by a dedicated staff member, in particular at the onset of an emergency, even though this is the ideal structure. The NCC role may be filled by a staff member of the CLA, who also has an operational programming or fund allocation role in his/her own agency. The NCC still has a role to play on behalf of the collective group, but needs to be very clear when s/he communicates on behalf of the CLA or on behalf of the Nutrition Cluster.

In order to address these limitations, the NCC should:

- ✔ ensure that his/her relationship in relation to CLA nutrition staff, and to other CLA staff, is clear to the CLA and to Nutrition Cluster partners, and ideally is set out in the NCC's TOR (sections 1.2.1 and 1.3.2);
- ✔ ensure that CLA staff understand the Cluster Approach, beginning with the head of the CLA and senior management. If this orientation of staff has not happened, think about doing it with other CLA cluster staff if they are on the ground. Follow up with additional information as needed to ensure comprehension, since a single orientation may not be sufficient;
- ✔ attend CLA management team meetings and staff meetings to build working relations with CLA staff;
- ✔ work with the head of the CLA and the CLA nutrition staff as allies, and engage their support to navigate the appropriate administrative procedures within the CLA e.g. security clearance, procurement of supplies, travel arrangements, human resource issues;
- ✔ clearly communicate his/her neutrality, e.g. hosted by the CLA but acting on behalf of the Nutrition Cluster (section 1.3.4).

2.5.2 What are the broad coordination challenges within the Nutrition Cluster?

The value of the Cluster Approach lies in the breadth of its partners, but that in itself is challenging to manage (Table 2.8). Appropriate leadership styles, communication channels, mechanisms for engagement and maintenance of partnerships will differ from context to context, but need to be managed by the NCC in such a way as to ensure that the cluster coordination mechanism is functional and relevant. Underlying all of the decisions around coordination, the NCC needs to keep in mind the Principles of Partnership (section 10.1.6) in order to ensure wide, transparent, complementary and equitable engagement among all stakeholders.

Table 2.8: Common barriers to coordination and points to consider in addressing them

Common barriers	Points to consider
"There are too many players." There can be concern that the coordination process will be time-consuming, in particular with agencies with a range of mandates.	✔ Establish the SAG, IMWG and TWGs as needed, to ensure that the point of view of the cluster as a whole is represented. ✔ Ensure that roles and responsibilities, and the Principles of Partnership, are clear in the TOR/SOP for the Nutrition Cluster.
"Those with authority do not attend meetings." Staff without decision-making authority participate in meetings, leading to delays in decisions.	✔ Indicate clearly when decisions need to be taken. Be proactive and ensure that key participants know the issues to be addressed and the need for their input. ✔ Establish decentralised coordination mechanisms at sub-national level. ✔ Establish deadlines for decisions.
"Some stakeholders won't attend unless they are paid to do so." In this case, key stakeholders may request per diems for attending meetings.	✔ Try to understand the working standards around per diems and partner participation in sector or coordination mechanisms, both pre-emergency within nutrition and among other clusters. There should be one standard practice for all clusters and partners. In general, there should be no payment of per diems for participation, but this issue should be discussed in the inter-cluster coordination forum.
"Decisions seem to reflect the point of view of only a few organisations." If discussion and agreement are driven by a few vocal partners, it can undermine the consultation process.	✔ Ensure appropriate Nutrition Cluster leadership and structure for the cluster mechanism. Set up the SAG, TWG and IMWG, and ensure that all decisions and the reasons for taking them are documented. ✔ If certain agencies tend to dominate the discussion, divert their inputs, speak with them after the meeting and encourage those who have not shared to do so.
"The national authority does not agree with the recommendation or decision of the Nutrition Cluster." There may be instances where all of the partners agree on an appropriate way forward, but the national authority does not agree.	✔ Transparently facilitating Nutrition Cluster work and building working relationships with national authority counterparts should prevent this from happening, by providing opportunities to discuss issues and come to a compromise along the way. Effective communication and negotiation on the part of the NCC will be required. ✔ In extreme cases, the situation may require advocacy support from the CLA.
"It doesn't matter what the Nutrition Cluster decides, agencies act unilaterally." Individual agencies may ignore established coordination processes and do not respect joint decisions.	✔ Discuss bilaterally with the organisation concerned in a non-confrontational manner to understand the rationale behind the action. ✔ Engage partners (including donors) in clarifying the role of the Nutrition Cluster, renewing agreements on priorities and best practices, and finding ways to avoid disruptive unilateral actions in future.

Table 2.8: Common barriers to coordination and points to consider in addressing them

Common barriers	Points to consider
"There is no benefit to participating." Partners may feel that the process does not provide sufficient benefits to justify the time invested.	✔ Formalise the Nutrition Cluster, including roles and responsibilities in the TOR/SOP (section 1.4.3). ✔ Encourage feedback, either formally or informally, at each meeting.
"We keep saying the same things because new participants keep coming." Depending on the rate of staff turnover, the lack of awareness of new staff (whether Nutrition Cluster coordination staff or partner staff) can be disruptive to moving forward.	✔ Ensure that there is a clear handover process from one NCC to another, and that documents are maintained for the cluster as a whole as part of routine IM/knowledge management (KM). ✔ When possible, give enough background to set the stage for discussion, but direct new staff to documentation for further details. ✔ Encourage all partners to involve senior national staff in the work of the Nutrition Cluster in order to ensure continuity in thinking and action.
"We don't have confidence in this cluster to share information openly." Nutrition Cluster partners may be hesitant to share information, opinions or concerns in public. This may be because the national authority or specific groups are participating in the cluster meeting. Sharing financial information as part of pooled funding allocation can also be a very sensitive issue.	✔ Partners differ in their opinions about the presence of the national authority in coordination meetings. There may be a need to have forums separate from, but complementary to, the general Nutrition Cluster coordination meeting to address partner issues in a non-threatening space. ✔ Define Nutrition Cluster standards and guidelines around information sharing and knowledge management, e.g. how to record and circulate minutes of meetings if it has been requested that some issues be kept "off the record". ✔ Identify donors, the media, representatives of other clusters, etc. in meetings.
"We keep sharing information but we never see the benefit of it, plus everyone is saying something different about the situation and response requirements." Without adequate IM support, it can be challenging to process information into a usable form for discussion in coordination meetings, resulting in demotivation.	✔ There are a number of considerations around IM that are discussed in Chapter 3. At a minimum, 3W/4W information should be updated, circulated and reviewed during coordination meetings. This can help to minimise pressure to use coordination meetings to share agency updates. ✔ Information sources should be made clear and should be cross-checked with other information resources.
"Those with authority do not attend meetings." Staff without decision-making authority participate in meetings, leading to delays in decisions.	✔ Indicate clearly when decisions need to be taken. Be proactive and ensure that key participants know the issues to be addressed and the need for their input. ✔ Establish decentralised coordination mechanisms at sub-national level. ✔ Establish deadlines for decisions.

Resources

- IASC (2007). *Cluster/Sector Leadership Training. Tip Sheet – Smarter Coordination Meetings*
- IASC (2007). *Cluster/Sector Leadership Training. Tip Sheet – Leadership in Clusters*
- IASC (2007). *Cluster/Sector Leadership Training. Tip Sheet – Building and Managing Consensus*
- IASC (2007). *Cluster/Sector Leadership Training. Tip Sheet – Advocating with National Authorities*
- J. Shepherd-Barron (2011). Clusterwise 2: Inter-Cluster Coordination

➜ See **http://www.seedsforchange.org.uk/free/consensus.pdf** and **http://www.seedsforchange.org.uk/free/conslarge.pdf** for detailed guidelines on consensus building.

➜ **http://www.seedsforchange.org.uk/free/tools.pdf** provides a range of tools and techniques for use in meetings.

➜ **http://www.seedsforchange.org.uk/free/facil.pdf** – a guide to facilitating meetings.

➜ **http://www.genderdiversity.cgiar.org/resource/MulticulturalMeetingsFinal2.ppt** – guidelines on facilitating multicultural meetings.

➜ **http://www.allindiary.org** – guidelines on managing meetings.

Additional resources*:* agendas, meeting minutes and TORs for working groups can be found on the GNC website at **http://www.unicef.org/nutritioncluster**.

Chapter 3

INFORMATION MANAGEMENT

Chapter 3:

INFORMATION MANAGEMENT

Effective information management (IM) is the foundation of effective coordination. It is a critical component required to improve planning, integration and implementation of an emergency nutrition response. Equally important are identifying and effectively sharing knowledge, including lessons learned, in order to improve response. This chapter gives an overview of key activities, coordination and common outputs in IM. It is beyond the scope of this handbook to give in-depth technical information on the development of IM systems; however, relevant technical information is included to help aid communication between those who are and are not trained in IM.[33]

Generating information is covered more fully in Chapter 4 (Assessment) and Chapter 9 (Monitoring and evaluation (M&E) and lesson learning), while use of information for developing strategies and dissemination through external reporting, public information and advocacy are found in Chapters 5 and 7. Knowledge management is covered in Chapter 9.

3.1	**Information management and the Nutrition Cluster**	• What is information management? • What is the role of IM in Nutrition Cluster coordination? • Who is involved in IM, and how? • The role of OCHA • The role of the IM manager
3.2	**Points to consider in IM**	• Overview of types of data • Common operational datasets • Data standards
3.3	**Information needs and sources**	• Mapping existing information and systems to develop an IM plan • Issues to consider in IM mapping and IM system development
3.4	**Analysis**	• Common types of analysis used by the Nutrition Cluster

33 See Annex 4 for summary tips for IM. For more technical information, see OCHA Training Modules on IM.

3.5	**Dissemination and use of common IM outputs**	• Contact information for the Nutrition Cluster • Meeting times, scheduling, and agendas and minutes of meetings • Who, What, Where (When) information (3W/4W) • Maps • Reporting • Communication channels • Challenges in IM and things to consider in managing them

KEY POINTS

- Information management (IM) resources must be mobilised early to promote an effective emergency response. IM systems for the Nutrition Cluster should build on pre-existing capacities and systems. Investment in standards, tools and partnerships in IM is a critical component of emergency preparedness.
- The national authority, Cluster Lead Agency (CLA), Nutrition Cluster Coordinator (NCC), IM manager and IM focal points, Nutrition Cluster partners and the UN Office for the Coordination of Humanitarian Affairs (OCHA) all have different but complementary roles to play in IM. The complexity of the IM system will depend on the specific context, information needs and capacity.
- The CLA, NCC and IM manager are responsible for IM coordination within the Nutrition Cluster, while OCHA facilitates inter-cluster IM coordination.
- IM systems need to capture context information, needs information, intervention information and coordination information. Mapping what information exists, where this information comes from, and what information is needed is a key first step for the IM manager in identifying data needs and capacities.
- There are several types of analysis and consolidated reports or outputs that are supported by the IM manager and the NCC in consultation with Nutrition Cluster partners. As outputs are developed, they are also “data” that needs to be stored and to be accessible by the Nutrition Cluster during the emergency period and beyond.
- The dissemination channel for analysed information will depend on the information needs and access of relevant stakeholders to different types of media, such as the Internet. Dissemination of information needs to take into account existing national authority guidance on clearance and circulation of nutrition information.

3.1 INFORMATION MANAGEMENT AND THE NUTRITION CLUSTER

3.1.1 What is information management?

Information management (IM) in a humanitarian context is the development and implementation of a systematic approach to identifying, collecting, storing, analysing, presenting and sharing data for specific management and decision-making support in humanitarian responses.[34] In practice this includes four areas:

1. **Collection:** the range of activities that results in a body of data or information. This can include development of tools and actual data collection (primary data), as well as collecting information that already exists (secondary data). This can also include developing the standards (e.g. specific assessment methods, standardised place names) and structures to support the rest of the information cycle.

2. **Processing:** technical activities that turn the raw data (i.e. numbers) into a format that is usable, either on its own or in combination with other data, as part of further analysis. Processing includes checking the quality of the data and combining information from different sources where appropriate. Once processed, information is stored in a manner that facilitates sharing and easy access for all. Usable formats may be stand-alone outputs, such as "Who is doing What Where, and When" (3W/4W) matrices or thematic maps, or may be combined into other outputs, such as Situation Reports (section 3.4).

3. **Analysis:** summarising information for presentation, and coming up with a clear narrative of what the information means. The analytical process may include either disaggregating or combining data to establish a comprehensive view of the situation, to determine trends or to identify gaps. Information is best analysed and interpreted with as much contextual information and local knowledge as possible, in addition to technical expertise. If facilitated in a consultative way, analysis can be an important mechanism to strengthen overall cluster collaboration, using an agreed upon understanding of the situation (section 3.4).

4. **Dissemination:** activities which ensure that the right information is given to the right person at the right time and in the right format. The information needs of policy-makers, decision-makers, partners and relevant stakeholders have to be defined from the beginning to ensure that the IM system gathers the appropriate information and presents it in a meaningful way. There are many different types

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34 IASC (2007). *Cluster/Sector Leadership Training. Tip Sheet – Information Management*.

of dissemination channel that can be used, depending on circumstances and needs (section 3.5 and Chapter 7).

3.1.2 What is the role of IM in Nutrition Cluster coordination?

IM plays a critical role before, during and after an emergency. Accurate and timely information enables partners and the national authority to identify and prioritise needs, and to take evidence-based strategic and operational decisions to fill gaps and avoid duplication of efforts. Humanitarian advocacy efforts are stronger when based on objective, verifiable and reliable information. IM also contributes to overall monitoring and evaluation (M&E) and lesson learning around the Nutrition Cluster response. There are common questions that the IM system needs to address (Box 3.1). The following are some of the points to keep in mind about IM:

- ✔ **IM capacity must be mobilised early** to establish appropriate systems and tools to support Nutrition Cluster functions. In many cases a full-time IM manager is needed, in addition to space, equipment and adequate software and IT support.
- ✔ IM systems should strengthen, not replace or diminish, national IM systems, standards and capacities. It is hard to establish full-scale IM data collection systems during an emergency due to the pressures and the often limited human resources that are available to meet that need once the emergency has started. As a result, can be preferable to build on existing systems. When IM systems are established or scaled up during an emergency, their sustainability should be considered.
- ✔ Information gathered during an emergency (Chapter 4) and information and information systems that existed prior to its onset all contribute to the evidence base for the Nutrition Cluster response. In particular, the collection and use of sex- and age-disaggregated data (SADD) is essential to ensure that the vulnerabilities, needs and capacities of women, men, boys and girls of all ages are identified.
- ✔ IM has a key role to play in emergency preparedness and contingency planning. Contingency planning often includes the development of potential crisis and response scenarios, both of which rely on accurate data to make them realistic and comprehensive (section 5.6)[35]. A key area for emergency preparedness is defining, establishing and strengthening IM systems prior to the emergency, e.g.

35 For more technical information, see OCHA Training Modules on IM.

developing standards, establishing partnerships and ensuring quality control and data flow in existing IM systems (section 4.2).

✔ IM contributes to early recovery efforts. Information generated in the relief phase can form a core part of the data infrastructure that a country requires for effective development.

✔ The IM system will vary according to the emergency, and should be adapted to the specific context. In slow-onset emergencies, there may be more time for consultation and collaboration in developing IM systems that are institutionalised within national efforts than in sudden-onset emergencies. The bigger the emergency, the larger the volume of data and limited and/or poor information the IM system will have to handle. Emergencies with a high media profile will add pressure for IM outputs within a short timeframe.

✔ IM systems need to be **closely linked to forums for discussing response** so that plans can be amended in light of new and/or more accurate information.

3.1.3 Who is involved in IM, and how?

The national authority, the Cluster Lead Agency (CLA), the Nutrition Cluster Coordinator (NCC) and/or IM manager, Nutrition Cluster partners, the IM Working Group (IMWG) from the Nutrition Cluster (if applicable), the UN Office for the Coordination of Humanitarian Affairs (OCHA) and other stakeholders should be involved in the IM system.

- **The national authority** maintains responsibility for the overall response. The specific level of engagement of the national authority in the IM aspects of the response should be clarified from the outset.
- **The CLA** has specific obligations in relation to IM in emergencies, defined in IASC guidance.[36] The CLA's responsibility for IM may include allocation of:
  - personnel for data entry and/or to provide technical expertise in specific areas, such as database specialists, statistical analysis or geographical information system (GIS) mapping on a long-term or ad hoc basis, as needed;
  - specific resources such as software and computer equipment.

36 IASC (2007). *Operational Guidance on Responsibilities of Cluster/Sector Leads and OCHA in Information Management.*

Box 3.1: Common IM needs in an emergency

a. **The scale and nature of the emergency, including underlying causes and risk of deterioration**

- Where can baseline data be found?
- What types of data are being collected, by whom and how often?
- How is pre-existing data stored? Is it accessible?
- Are there any standards on data collection and use in general, or for nutrition specifically?
- What are the national authority's attitude to, sensitivity on and regulation of nutrition information?
- What are the pre-existing vulnerabilities in the country?
- Based on available information, what is the likelihood of further deterioration?

b. **The overall needs, such as who is affected, how many people there are and where they are**

- How many women, men, boys and girls are affected?
- What age groups are affected?
- Is there a gender difference among those who are affected?
- Where are the affected areas and where are the affected populations located?
- What is the likely extent of the damage and of needs?
- Is there population movement? If so, from where, to where, and why? Is it internal, or across borders?

c. **An understanding of the available capacity to respond, including who is doing what type of programming in certain areas**

- Who are the main stakeholders in nutrition?
- Who is already working in nutrition, and where are they working? Is this information available in map form?
- What emergency response plans and structures were in place prior to the emergency, if any?
- What additional international assistance can be expected within the next 72 hours?

- What global policies or standards might be relevant in this response?
- Have donors pledged any funding yet?

d. Basic information on how to contact and coordinate with those engaged in the response

- How will we be able to contact those involved in the response, including those who are just arriving in the country, and how can we make sure they know about the Nutrition Cluster?
- When is the Nutrition Cluster meeting and how will the meeting minutes be distributed?
- How can information be accessed without an Internet connection?
- What are the best ways to share information?
- How will the data from the response be stored and backed up?

Where the CLA is acting as CLA for more than one cluster, it should evaluate the feasibility and usefulness of sharing IM support between these clusters to promote harmonisation and economies of scale, provided the workload is realistic.

- **The IM manager** is primarily responsible for facilitating the identification of IM needs, systems and standards, in addition to promoting strategic use of information through consolidation and dissemination of information. The IM manager also promotes the submission and use of accurate and good-quality data, verification of sources and cross-checking of information.
- **The NCC** ensures that the overall IM function of the Nutrition Cluster is fulfilled, including the generation and appropriate use of accurate quality data to support planning and decision-making.
- **Nutrition Cluster partners** are vital to the development, implementation and use of an IM system. Partners are expected to be proactive in exchanging information relevant to understanding of the situation and the response, and contributing to the development of cluster-specific standards and protocols for IM. They are expected to adhere to commonly agreed definitions and indicators for cluster activities, to contribute to common baseline or reference data and to ensure that IM systems can address cross-cutting issues. They are also responsible for ensuring that the data they generate and use is accurate and complete. Internal agency mechanisms for data quality and verification are often

useful. Humanitarian actors who participate in the Nutrition Cluster as observers are encouraged to share information. Specific roles and responsibilities concerning IM should be embedded in the Terms of Reference (TOR)/Standard Operating Procedures (SOP) for the Nutrition Cluster.

- **OCHA** provides the overarching framework for pulling together information across clusters (section 3.1.4).

Box 3.2: Best practices for developing and maintaining relationships[1]

No one organisation can collect all of the data and information needed for an emergency response. Cooperation among international organisations, local and national actors and media is critical to both the short-term success and long-term sustainability of IM. Partnerships encourage trust and commitment among stakeholders and allow IM systems to remain objective, accountable and focused on common rather than narrow interests. The NCC and the IM manager should:

- ✔ maximise resources by **establishing partnerships**, and recognise that data and information are collected and managed by a variety of actors and that their contributions are crucial;
- ✔ develop and maintain an ongoing process of **personal interaction** to create partnerships for IM and exchange, and build on relationships already established with appropriate agencies at the national level prior to an emergency situation;
- ✔ **develop networks** of local communities and national NGOs, civil society groups and private sector representatives and address the issue of local participation as part of overall emergency planning, monitoring and evaluation. They should build and strengthen national/local capacity in IM and exchange and promote the transfer and use of local knowledge;
- ✔ **establish/build on inter-agency agreements and relationships** at the national and local levels;
- ✔ **promote trust and transparency**. They should use networks and shared websites to assist with information sharing, and promote linkages to avoid duplication of effort.

1 OCHA (2006). *Discussion Paper: Information Management and Analysis.*

Partners see the benefit when the data they provide to the IM manager is returned in a timely manner and with value added, from which they can gain knowledge about the situation and an understanding of the actions required. Partners seeing this benefit are more likely to continue to share information. If the cycle is broken at any stage, the process as a whole will ultimately break down. Initially convincing partners to share data or information without being able to show an immediate benefit is a challenge, which often requires creativity and strong skills of persuasion on the part of the NCC. Once a demonstrable benefit is achieved, however, the process can quickly become self-sustaining, due to the normally high demand for quality information products and services.[37] Some suggestions for developing and maintaining relationships with partners are given in Box 3.2.

3.1.4 The role of OCHA

OCHA provides the overarching framework for pulling together information across clusters (Table 3.1). It also suggests standards that allow for datasets and databases to be compatible in order to support inter-operability of data. This also includes ensuring that SADD is collected and used; providing standardised cross-cluster needs/gap analysis based on information provided by the different clusters; supporting clusters in their IM activities, including the promotion of best practices; and ensuring the development of compatible IM systems, harmonised reporting where appropriate, joint assessments where appropriate and coordinated cluster-specific assessments to ensure that specific groups or areas are not unnecessarily over-assessed. OCHA is also often called upon to provide mapping services and technical support to IM colleagues.

Table 3.1: Respective responsibilities of the CLA and OCHA in relation to IM

The CLA is responsible for:	OCHA is responsible for:
• Ensuring that there are adequate resources to meet IM needs **within** the Nutrition Cluster; • Ensuring that adequate IM capacity exists within the cluster, which may include the establishment of an IMWG.	• Ensuring effective IM **between** clusters and supporting operational analysis; • Convening an IMWG of IM cluster focal points.

37 For more technical information, see OCHA Training Modules on IM.

There are three primary coordinating mechanisms for IM under OCHA:

- The **Information Management Working Group (IMWG)/Network**[38] aims to build on existing in-country IM systems and to support the national authority's efforts to coordinate and harmonise the IM activities of all humanitarian partners. Members include all relevant IM focal points from existing clusters and the national authority.
- The **Humanitarian Information Centre (HIC)** aims to support the humanitarian community in the systematic and standardised collection, processing and dissemination of information. It is a common service. The HIC will complement the IM capabilities of the national authority, as well as those of in-country development and humanitarian actors. The HIC is mobilised at the request of the Resident Coordinator (RC)/Humanitarian Coordinator (HC). If an IMU (see below) already exists, the HIC may be an expansion of the IMU.
- The **Information Management Unit (IMU)** is a mechanism to enable more predictable support to IM functions. Introduced in 2004, the IMU is a unit within an OCHA field office responsible for improving capacity for analysis and decision-making by OCHA and other humanitarian actors by strengthening the collection, processing and dissemination of information. If the OCHA office is maintained after the emergency, then the HIC is transformed into an IMU.

OCHA is responsible for some standard outputs (Table 3.2). It is not, however, responsible for collecting the primary data for clusters or for processing it. These are the responsibility of the clusters themselves, coordinated by the IM manager and the NCC through the IMWG and cluster mechanism. The quality of overall inter-cluster coordination by OCHA will depend heavily on the collaboration of, and inputs from, IM managers.

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38 IASC (2007). *Operational Guidance on Responsibilities for Cluster/Sector Leads and OCHA in Information Management*.

Table 3.2: Key outputs and services to be provided by OCHA

The minimum set of predictable, standardised information products to be produced in collaboration with clusters and made available are:	The minimum services to be provided or made available to clusters are:
• Contact directories of humanitarian partners and IM focal points; • Meeting schedules, agendas and minutes of coordination meetings chaired by the RC/HC or OCHA; • Who does What Where (3W) (and When (4W)) database and derivative products, such as maps; • Inventory of relevant documents on the humanitarian situation, i.e. mission reports, assessments, evaluations, etc.; • Inventory of relevant common cluster/sector datasets, including population data disaggregated by age and sex;[1] • Data on humanitarian requirements and contributions (through the FTS);[2] • A country-specific or disaster-specific humanitarian web portal; • Situation Reports; • Mapping products.	• A space where the humanitarian community can access information resources; • Maintenance of common datasets that are used by the majority of clusters; • Geospatial data and analysis relevant to inter-cluster decision-making; • Management of the collection and dissemination of all inter-cluster information; • Advocacy for data and information sharing within the humanitarian community, as well as the adoption of global data standards; • Provision of technical IM advice to clusters on the design of surveys for needs assessments and/or other significant external data collection exercises; • Access to schedules, agendas and minutes of cluster coordination meetings.

1 Minimum Common Operational Datasets: e.g. administrative and country boundaries; populated places (including latitude/longitude, alternative names, population figures, classification); settlements; transportation networks and infrastructure: roads, railways, airports/helipads, seaports; hydrology: rivers, lakes; city maps.

2 United Nations Financial Tracking Service. For more information, see **http://fts.unocha.org**.

3.1.5 The role of the IM manager

While the role of the NCC is the overall facilitation of the Nutrition Cluster, that of the IM manager is critical to support the cluster function. The NCC ensures that IM issues and needs are included in the cluster's strategic planning and that appropriate mechanisms are set up. The IM manager ensures that the information needs of the Nutrition Cluster are identified and met. Close collaboration between the NCC and the IM manager is essential. The respective roles and responsibilities of these two positions should be outlined in clear TORs, including communication lines between the NCC and IM managers at national and sub-national levels (section 1.1.3.e). The TOR/SOP for the Nutrition Cluster should give an overview of the principles for IM around data collection, analysis and dissemination, taking into account how information will be shared, how inputs will be acknowledged and how

issues of confidentiality and sensitivity around nutrition information will be dealt with, if these standards do not already exist (section 1.4.3).

The IM manager may be hired directly from staff outside of the emergency. S/he may also be seconded from within the CLA or from another agency, depending on the needs and resources available. If there is no IM manager yet in place, an IM focal point (either the NCC or a Nutrition Cluster partner) should be designated to fill this role temporarily. The IM manager should be dedicated to the Nutrition Cluster, as opposed to fulfilling reporting requirements for the CLA as a monitoring or reports officer; however, this is not always the case in practice. As well as the IM manager and focal points at sub-national level, there may be a need for additional human resources in IM. The IM manager can help to define these additional needs, and should collaborate with the NCC and CLA in determining how they can be met. Additional IM resources may include engaging data analysts, volunteers or university students for data entry, or calling on OCHA or another agency with GIS mapping expertise (section 1.3.3).

There is no standard TOR for IM managers for the Nutrition Cluster, but some examples are included on the GNC website. The IM manager for the Nutrition Cluster will be responsible for:[39]

- ✔ ***identifying data/analysis/information needs to support decision-making:*** The first task of the IM manager is to understand the information needs of the decision-makers s/he supports. Common priorities include identifying gaps and risk mapping, as well as establishing systems to monitor the outputs and impact of the response;
- ✔ ***establishing data collection, processing systems and standards:*** The IM manager maps existing data and data collection systems, identifying gaps and determining the way to address them. Activities can include developing indicators for M&E of the overall response; identifying IM capacity building needs of Nutrition Cluster partners, including the national authority; consulting with the NCC to develop mechanisms to address capacity gaps through training, mentoring and technical support; incorporating and promoting adherence to global (and taking into account national) IM norms, policies and standards; and leading consultation on the development of data collection tools, systems and standards;
- ✔ ***developing working relationships with IM focal points within the Nutrition Cluster and across clusters:*** An effective IM manager will build partnerships for

[39] For more technical information, see OCHA Training Modules on IM.

information sharing and exchange, particularly in the early days of a response. This will include consultation:

- ***within the Nutrition Cluster:*** to develop strong working relationships between national and sub-national levels to ensure harmonisation and quality of data, as well as data flow. This may also include working with a Technical Working Group (TWG) on IM for the Nutrition Cluster, if applicable (section 2.2.2);

- ***between clusters:*** to develop strong working relationships with IM focal points from other clusters, under the auspices of OCHA. This collaboration is necessary to avoid duplication of effort, to ensure that information can be generated and compiled across clusters where necessary and to promote standardised reporting;

✔ ***contributing to specific and routine outputs:*** The IM manager is responsible for generating up-to-date, cluster-specific IM outputs and sharing them with OCHA as part of the inter-cluster data exchange (Table 3.3);

✔ ***establishing a range of information dissemination mechanisms:*** In addition to providing information support to decision-makers, IM managers also play a critical role in providing information to the wider humanitarian community. Activities can include establishing a physical site for information dissemination, creating and managing email distribution lists or discussion groups, and establishing or contributing content to a website. Language accessibility and translation issues need to be taken into account in dissemination mechanisms, to ensure that information is available in local languages. Key outputs and services facilitated by the IM manager, in collaboration with the NCC, are described in Table 3.3.

Global-level clusters and OCHA can be called upon to help identify IM expertise and operational support. In some cases IM staff may not have a background in nutrition and may never have worked with nutrition data before. It can be beneficial to include them in trainings or technical orientation sessions for Nutrition Cluster partners, in addition to conducting a basic induction/orientation by the NCC (and pre-existing IM staff if applicable) when they take up the position (Box 3.3, and see recommended reading box in Resources section).

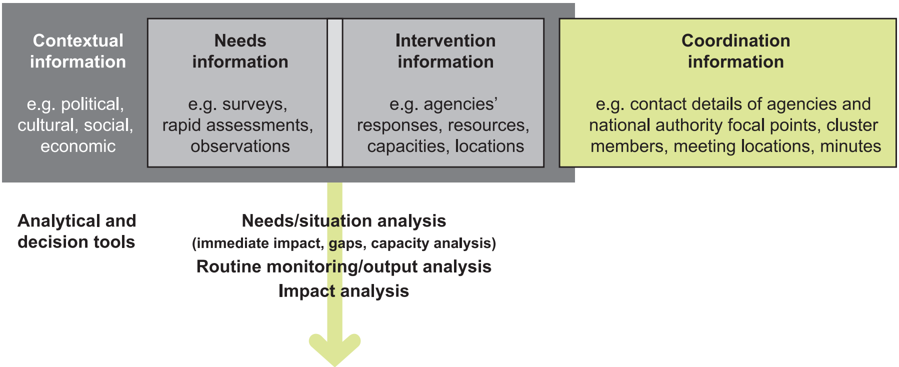
Box 3.3: Case example: orientation of IM managers

In Haiti and Pakistan in 2010, the IM managers had not worked with nutrition information previously. The NCCs in both cases gave one-on-one orientations on nutrition information and involved the IM managers in trainings for Nutrition Cluster partners. As a result, the IM managers were able to understand the meaning, measurement and presentation of nutrition information and so were better able to support IM management for the Nutrition Cluster.

Table 3.3: Key outputs and services provided by the IM manager

The minimum set of predictable, standardised information products to be produced in collaboration with Nutrition Cluster partners and made available to all includes:	The minimum services to be provided or made available to Nutrition Cluster partners include:
• Contact directories of Nutrition Cluster partners; • Information for 3W/4W database and derivative products, such as maps; • Inventory of relevant documents on the nutrition situation and response, including capacity and coping mechanisms of the affected population, if available; • Nutrition Cluster website, including regular updating and site management; • Meeting schedules and agendas/minutes/ documentation of meetings; • Inventory of relevant Nutrition Cluster datasets, and the actual data where applicable; • Humanitarian funding requirements and contributions (through FTS);[1] • Situation Reports, bulletins etc.; • Maps; • Routine partner agency reporting and M&E frameworks and indicators; • Relevant information from IMWG initiatives. 1 United Nations Financial Tracking Service. For more information, see http://fts.unocha.org.	• Maintaining the nutrition component of the emergency response web portal supported by OCHA, at minimum providing access to schedules, agendas and minutes of Nutrition Cluster coordination meetings; • Establishing and maintaining appropriate information dissemination, including Google Groups and group electronic mailing lists ("listserv"); • Facilitating identification of available data from pre-existing IM systems, if applicable, and gaps in information, and establishing IM systems to meet information needs; • Providing technical IM advice on system development and maintenance; • Coordinating collection and dissemination of Nutrition Cluster information, including assessments; • Establishing or promoting adherence to data standards, e.g. data disaggregation by sex and age (SADD); • Maintaining common datasets for the Nutrition Cluster; • Conducting or preparing data for geospatial analysis; • Ensuring that data is backed up and archived regularly.

Figure 3.1: Categories of humanitarian information



3.2 POINTS TO CONSIDER IN IM

There are a number of issues to keep in mind in relation to types of data, how the information is organised and basic standards. While the IM manager will be working with the data most directly, the NCC and Nutrition Cluster partners will be able to engage in discussions around IM system needs and capacity more meaningfully – to ensure that necessary information is identified, collected, processed, analysed and used – if they too have a broad understanding of IM.

3.2.1 Overview of types of data

There are four categories of information needed in an emergency: contextual information, needs information, intervention information and coordination information. The specific kinds of data and collection mechanisms differ between emergencies (Figure 3.1).[40]

Information from these four categories can be primary or secondary, and either quantitative or qualitative.

- **Primary data** is data gathered by the needs assessor directly from respondents. Such data may be collected through household surveys, key informant interviews, focus group discussions or visual observation, e.g. fly-overs, drive-bys, transect walks, etc. **Secondary data** is data that is collected by others and reviewed and analysed by the assessor. Secondary data sources include agency reports, risk assessments, survey data gathered and reported by others, census

40 Adapted from OCHA Training Module on IM.

data, government reports, satellite images, facility use reports, etc. Secondary data may be useful, but the assessor will need to be clear on the specific timeframe and population to which it refers.

- The second fundamental difference is between qualitative data (information in narrative rather than numerical form) and quantitative data (information that can be measured and expressed in the form of numbers, charts, etc). Both have their strengths and weaknesses in guiding humanitarian response.[41]

There is a lot of pressure to generate, analyse and present quantitative data in emergencies, as it gives a sense of scale and helps to track trends over time. Quantitative data can be more easily collected through structured questionnaires by data collectors who have some basic training. Collection of qualitative data requires a different set of skills, and presentation and interpretation cannot be done through automated systems. Even so, qualitative data is important because it not only provides the context for understanding and interpreting quantitative data but also leads to improved accuracy of data and, more importantly, allows for a more holistic analysis of the situation.

Collection of every piece of information, whether primary or secondary, quantitative or qualitative, has an associated cost. During an emergency, time and human and financial resources can be limited. It is important to identify information needs and then to prioritise them.[42] Prioritisation can be done within the Nutrition Cluster, and between clusters in relation to inter-agency assessments. The two basic questions are:

- Do we really need this information? e.g. **operational importance** of the information.
- Is there another way to gather this information? e.g. **ease of collecting** information.

3.2.2 Common operational datasets

When different agencies use different basic datasets (e.g. geographical or population data), information and statistics are not harmonised and not comparable, and ultimately are difficult or impossible to interpret. Common operational datasets (CODs) are predictable, core sets of data needed to support operations and decision-making for all actors in a humanitarian response. CODs are proactively identified and maintained prior to an emergency as part of data

41 For more technical information, see OCHA Training Modules on IM.

42 For resources on prioritisation of data, see OCHA Training Module 3.

preparedness measures (section 4.2), and made available by OCHA within 48 hours of a humanitarian emergency being declared.[43]

There may also be overlapping datasets, where more than one agency or cluster maintains databases with the same information, e.g. anthropometric survey data. The NCC and the IM manager should be aware of these overlaps, in order to engage agencies and other clusters in determining the most feasible collaboration mechanisms, to ensure that databases are both complete and accurate. Coordination can be undermined if plans and strategies are being developed based on two different understandings of the situation, simply due to gaps in information in one database that are filled in another.

3.2.3 Data standards

Data standards, in terms of how data will be collected, processed, stored and accessed for the Nutrition Cluster, should be established to improve repeatability and comparability of results. Ideally data standards should be established for the Nutrition Cluster prior to the emergency as part of data preparedness. If not, they should be consultatively developed within the cluster. Issues to address include:

- units of measurement;
- age categories for disaggregation of data;
- generation of SADD;
- specific comparison population for anthropometric measurements, e.g. National Center for Health Statistics (NCHS) Reference Population or WHO Child Growth Standards;[44]
- who maintains the original data files versus the summary reports and summary statistics;
- what data can be accessed directly, by whom.

Related to data standards are technical guidelines for data collection, e.g. rapid assessment methodologies, anthropometric measurement guides and

43 IASC (2010). *IASC Guidelines on Common Operational Datasets (CODs) in Disaster Preparedness and Response*.

44 For more information on anthropometric assessment of acute malnutrition at individual and population levels, see NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 6: Measuring malnutrition: individual assessment*; *Module 7: Measuring malnutrition: population assessment. Version 2.*

anthropometric survey guidelines. These technical guidelines may or may not exist in-country at the onset of the emergency. If they do not exist, one option is to use international guidelines as an interim guide while they are formally adapted.

3.3 INFORMATION NEEDS AND SOURCES

3.3.1 Mapping existing information and systems to develop an IM plan

The initial mapping of information by the IM manager can be very simple. It should identify what information is being collected, by whom, with what methodologies and standards, how often and where/how the data can be accessed. This consolidated overview should be shared with OCHA to improve the humanitarian community's understanding of information resources.

In terms of nutrition information systems there is a wide range of data sources, including routine facility-based health management information systems, sentinel site surveillance, community-based screening, monitoring of nutrition programme admissions and discharges, annual surveys and periodic small-scale assessments.[45] Some specific types of information that should be identified are listed in Table 3.4, though Nutrition Cluster partners will need to prioritise what information may be of most use.

Table 3.4: Priority information for the Nutrition Cluster
Context, needs and intervention information[1]
Anthropometric data • Results from anthropometric surveys classifying global acute malnutrition (GAM) and severe acute malnutrition (SAM) for children aged 6–59 months; • Other results from anthropometric surveys, including stunting and underweight for children aged 6–59 months as well as wasting in infants under six months; • Anthropometric information on women of child-bearing age and/or pregnant and lactating women, as well as anthropometric information on women and men from other age groups; • Results of mass anthropometric screenings among children aged 6–59 months; • Screening and admission data for selective feeding programmes.
1 Information disaggregated by sex and age should be sought for each area, where it exists.

45 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 7: Measuring malnutrition: population assessment*; *Module 10: Nutrition information and surveillance systems. Version 2.*

Table 3.4: Priority information for the Nutrition Cluster

Context, needs and intervention information[1]
Micronutrient status data ● Vitamin A coverage for children aged 6–59 months; ● Antenatal and postnatal supplementation data; ● Proportion of households using iodised salt; ● Clinical information on micronutrient status and deficiencies (e.g. cases of scurvy, pellagra, beriberi, rates of Vitamin A, iron and iodine deficiencies, prevalence of anaemia).
Infant and young child feeding (IYCF) practices ● Exclusive breastfeeding, timing of introduction of complementary foods, etc.
Nutrition programming information ● Coverage survey information for selective feeding programmes; ● Numbers of beneficiaries admitted per month, total number of beneficiaries who are in treatment (e.g. for treatment of moderate acute malnutrition (MAM)); ● Reporting rates from nutrition programmes.
Health information ● Under-five mortality rate and crude mortality rate for children aged 6–59 months; ● Morbidity prevalence, e.g. acute respiratory infection (ARI), diarrhoea, malaria; ● Relative risk analysis comparing health indicators and nutrition outcomes in anthropometric survey data.
Food security information ● Available household food stocks and availability of food on markets; ● Access to markets; ● Food consumption scores, information on household consumption patterns; ● Changes in the total amount of food that people are eating since the emergency began, on average.
Water and sanitation data ● Water sources; ● Average quantity of water used per household per day for all uses (in litres), and average number of litres per person per day; ● Average number of users per functioning toilet; ● Hygiene practices.

Metadata should be requested in order to fully understand any limitations that may affect how the data is collated with other data and further analysed. This includes:

- data collection date(s);
- data collection source(s);
- data provider (if different from source);
- locations described by the data;

- method of acquisition (e.g. survey, registration, satellite imagery, estimation technique, etc.);
- publication source, if applicable.

3.3.2 Issues to consider in IM mapping and IM system development

Key issues to consider in IM mapping:

✔ **Data disaggregation by age and gender is critical** to ensure that analysis is sound and subsequent action is appropriately targeted. While data may initially be disaggregated when collected, it often becomes consolidated as it is increasingly compiled and summarised across geographic areas. While the initial summary information may not be disaggregated, it may be possible with time to recompile the data (e.g. admissions of boys versus girls into selective feeding programmes) from the original data collection records. This takes time and is not often done, but can be addressed by ensuring that IM systems make allowances for age and gender disaggregation in summary reporting formats.

✔ While **international standards in some aspects of nutrition information exist, they are not always utilised in practice**. It is critical to ensure that the methodology (e.g. sampling procedures, age groups and whether acute malnutrition is based on the NCHS Growth Reference Population or the WHO Child Growth Standards) is clear and is captured in metadata. Information on methodology is critical to ensure that appropriate comparisons and interpretations are made.

✔ **Mapping available information and developing ways to address prioritised gaps is a balancing act**. In the early stages of an acute-onset emergency, information is often in short supply. Either it has been lost, has not been identified or cannot be accessed. Gaps in information will be highlighted through the consolidation and processing of data. The situation may be constantly changing and access to information may also be variable. The IM manager and the NCC need to be clear in highlighting the limitations of data in analysis and dissemination, while they also need to ensure that appropriate action is taken based on the best evidence possible.

Key issues to consider in IM system development:

✔ At a minimum, the IM systems for the Nutrition Cluster need to be able to **generate information on partners' activities and capacities** (sections 3.5.3 and 6.5.3), **the evolving nutrition situation** (Chapter 4) and **basic M&E of the response** (Chapter 9). The IM system needs to be able to capture the function of the Nutrition Cluster as a whole, as well as the contributions of partners. Monitoring indicators for clusters under the Consolidated Humanitarian Action Plan (section 8.2.3) are generally reviewed by the RC/HC to ensure that they provide a comprehensive and accurate overview of both the magnitude and the impact of the response, while other IM systems are discussed within the inter-cluster IMWG and within the Nutrition Cluster.

✔ Once information needs and indicators have been agreed within the Nutrition Cluster (and ideally shared and discussed within the inter-cluster IMWG), **mechanisms for data collection and collation at the country level** should be established. In establishing this mechanism, the following questions should be taken into consideration:

- What information is required, for whom, in what format, in what timeframe?
- What is expected of data management tools? Databases?
- Who is managing the IM system? Are human resources adequate for the proposed system?
- Does the current IM system meet information needs? Does it need to be improved, or does a separate IM system need to be established?
- How does the Nutrition Cluster IM system relate to other IM structures? What will happen to it after the emergency period has ended?
- Who owns the information? Is there any sensitivity about the public use of nutrition information? How can these sensitivities be addressed (Box 3.4)?
- Who will collect primary data (NGOs, local authorities, other actors)?
- What is the data flow? What are the channels for getting/sharing information?
- Where will data be aggregated (at the field level, at sub-regional level, at the country level)?
- How often will data be updated (ongoing, weekly, monthly, etc.)?
- Who will collate aggregated data (Nutrition Cluster partners, IM managers, national authority, etc.)?

The Nutrition Cluster will also generate information and outputs that the IM system should capture, to support coordination, evaluation and lesson learning. These include but are not limited to:

- **context:** background information including reports of previous emergency operations, epidemiological studies and other pre-crisis data, nutrition sector profiles, etc.;
- **needs:** assessment reports; Nutrition Cluster Situation Reports and Nutrition Cluster bulletins;
- **interventions:** information on nutrition programmes and locations; lists of Nutrition Cluster partners and other main stakeholders, with contact details; M&E and lesson learning for the Nutrition Cluster emergency response;
- **coordination:** this can include the various versions of the Nutrition Cluster response strategy; appeals documents; guidelines on standards and best practices; press releases and other formal Nutrition Cluster communications; minutes of Nutrition Cluster meetings and working groups.

It can be challenging to define appropriate IM systems required for the emergency response that can also engage other clusters, mobilise resources and respond to a heavy load of information requests. It is not recommended that complicated nutrition surveillance or nutrition IM systems are established in an emergency. Instead, where possible, Nutrition Cluster IM systems should strengthen or build on IM systems that are already in place. The IM manager is responsible for advising on how to maintain the balance between what information is needed and what can be done during the emergency, and what may be more feasible with longer-term development of IM systems.

It can also be challenging to develop IM systems in a way that takes into account – and builds – partner capacity. The quality and completeness of the data collected depend on the capacity of partners. IM systems should not require unrealistic levels of technical expertise at field level. Innovative alternative approaches to ensure coverage of data may be needed. For example, there may be geographic areas without Nutrition Cluster partners or dedicated nutrition focal persons on the ground; however, agreements to share information between other agencies and other clusters in that area may help to address information flow issues. There may also be times when volunteers, such as university students, can provide useful support to aspects of IM, such as data entry.

Box 3.4: National authority clearance procedures and engagement in nutrition information

The timely flow of nutrition information is critical in planning, designing and delivering nutrition services. In Sudan in 2006, the Ministry of Health (MOH) and nutrition partners, with the support of UNICEF, developed a set of nutrition survey guidelines, which included a recommendation that methodological details of planned nutrition surveys should be shared with the MOH and UNICEF in order to promote quality and coordination. The General Directory of Procedures for NGOs, set up to regulate NGO activity in Sudan in September 2007, required all surveys undertaken by NGOs, including nutrition surveys, to be approved by the government's Humanitarian Affairs Commission (HAC) and the MOH before being conducted, and stipulated that the release of survey findings would be subject to clearance by the HAC. As a result, nutrition surveys were postponed or the release of their results was delayed by the HAC. In some cases, NGOs were not given authorisation to conduct surveys at all. In one extreme case, the delay was eight months before the results could be shared, by which time the information was out of date. During 2007 and 2008, UNICEF Sudan engaged in technical and senior-level negotiations to ensure the timely flow of localised nutrition survey information. In the end, a revised procedure for clearance of nutrition information was adopted and formally circulated in the revised 2009 version of the Directory.

3.4 ANALYSIS

Common types of analysis used by the Nutrition Cluster

There are several broad types of analysis that are commonly conducted in emergencies (Table 3.5). Rather than being viewed as separate and distinct processes, these analyses are inter-related and collectively contribute to the Nutrition Cluster response. While the tools may differ between analyses, the IM manager has responsibility for collecting, processing and compiling the data to ensure that each of the analyses can be conducted, including analysis of information disaggregated by age and gender. These analyses take place within the Nutrition Cluster, as well as between clusters with the support of OCHA, to ensure that there is a comprehensive picture of the overall emergency response.

In practice, the NCC, the IM manager, the Nutrition Cluster IMWG (if applicable) and Nutrition Cluster partners are part of the analysis process. Practically

speaking, this involves the NCC and/or the IM manager consolidating information and working with one another or the IMWG to draft initial findings. Discussions are then facilitated with Nutrition Cluster partners, and the analysis agreed through consultation. All analysis should aim to include local insights to the best extent possible, and take into account engagement with the national authority. The reliability of the data and its limitations should also be taken into account in the analysis. For example, the reliability of secondary information must be carefully assessed in terms of the source, methodology used, potential bias, age of the information, its relevance and agreement with other sources. Triangulating information, e.g. comparing between several different sources, is recommended. The following are some useful points to keep in mind:[46]

- ✔ **Compare the situation "before" and "after"** the emergency, in relation to international standards, thresholds or other relevant data (population figures, geography, time, etc.). Use experience and lessons learned from similar situations in the past to identify risks and the likely evolution of the crisis (Box 3.5).
- ✔ **Cross-analyse** key data and use additional information sources to make reasonable inferences about unmeasured conditions or situations.
- ✔ Make a clear differentiation between the **impact related to the crisis and pre-existing vulnerabilities** that may exacerbate the impact of the specific emergency.
- ✔ Look at differences between **women, men, girls and boys as well as between older persons** and the rest of the affected population in order to identify specific vulnerabilities or capacities.
- ✔ Try to identify what differences exist between **groups, sub-groups, sectors and areas** in terms of vulnerabilities and capacities.
- ✔ Identify **constraints, information gaps and needs** for further assessment phases. Always ask: what is missing?

Analyses are also fluid, ongoing processes, which should be updated as new information is identified, updated or generated. It is also essential that a **data audit trail**,[47] or record of how figures and conclusions are reached, is kept by the IM manager.

46 IASC (2011). *Needs Assessment Taskforce: Operational Guidance for Coordinated Assessments in Humanitarian Crises*.

47 For more technical information, see OCHA Training Modules on IM.

Box 3.5: Example: pre- and post-flood analysis

In Pakistan in 2010, geographic areas were prioritised for response through a consultative review of indicators both before and after the floods. The preliminary analysis was compiled by a small core group of the WASH, Food Security, Nutrition and Health clusters. Pre-flood information included SAM prevalence and WFP Vulnerability Analysis Mapping (VAM) data. Post-flood information included national authority/OCHA figures on total affected population by district, percentage of flood-affected people over total district population and selected morbidity (acute diarrhoea and confirmed Vibrio choldera). The analysis was reviewed at district level, followed by more disaggregated data analysis in order to identify the vulnerable areas at tehsil and/or Union Council or IDP camp/village levels that required urgent joint and sector-/cluster-specific life-saving interventions.

<table>
<tr><th colspan="3">Table 3.5: Common types of analysis, tools and guidelines for the Nutrition Cluster in emergencies</th></tr>
<tr><th>Type of analysis</th><th>Overview</th><th>Areas to be addressed</th></tr>
<tr><td rowspan="2">Needs analysis/ situation analysis</td><td>The needs analysis/situation analysis is often the first analysis conducted. It has several components, including (i) determination of the immediate impact of the emergency on the nutritional status of the population, including which locations and groups have been most severely affected; (ii) capacity analysis, which identifies humanitarian assets (financial, technical, human resources and material) available to respond to the emergency, along with their locations and scale of planned response; and (iii) gap analysis to assess the current and projected gap between needs and capacities. The current gap equals the current needs minus current capacity, while the projected gap equals the current needs minus expected capacity.</td><td>What are the principal nutrition problems and needs?
What are their underlying and basic causes?
Which areas and groups are most seriously affected?
What type and scale of intervention are required?
Where are there duplication or gaps in programme coverage?
What capacities and resources are immediately available and where are they?
What additional resources are already being mobilised, and when will they be available?
What additional resources are required and how can they be mobilised?</td></tr>
<tr><td colspan="2">Tools and guidance
Compilation of secondary data into the Needs Analysis Framework (section 4.3.1);
Integrated Rapid Assessment (IRA)/Multi-Cluster Initial Rapid Assessment (MIRA) and/or rapid nutrition assessment (section 4.4.1);
3W/4W analysis (section 3.5.3);
Stakeholder analysis (section 3.5.3, materials by REACH and World Bank);
Capacity mapping assessment tools (section 6.5.3) from the Global Nutrition Cluster.</td></tr>
<tr><td rowspan="2">Routine monitoring/ output analysis</td><td>This is an analysis of the overall progress of Nutrition Cluster partners against the planned activities at cluster level, in addition to ongoing monitoring of potential thematic or geographic gaps or duplications in coverage. Monitoring of progress and coverage of programming should be reviewed regularly as part of Nutrition Cluster coordination meetings.</td><td>What has been done, where, by whom, and when? Are there thematic or geographic gaps in coverage? Are there duplications that should be addressed?
How does progress relate to planned allocation of resources and capacities?</td></tr>
<tr><td colspan="2">Tools and guidance
3W/4W analysis (sections 3.5.3 and 9.1.4);
Regular reporting of standard indicators by Nutrition Cluster partners (section 9.1.3);
Mid-year review and end-year review of the cluster work plans (section 8.2.3).</td></tr>
</table>

Table 3.5: Common types of analysis, tools and guidelines for the Nutrition Cluster in emergencies		
Type of analysis	**Overview**	**Areas to be addressed**
Impact analysis	This analysis evaluates the changes in the affected population as a result of the action of individual agency interventions in nutrition, e.g. improved infant feeding care practices or reduced incidence of SAM. Changes in the context as a result of action from other clusters that have an impact on underlying causes of malnutrition must be taken into account. Impact analysis can include a component of **trend analysis** where data collected over a specific time is reviewed to identify increases or decreases in specific parameters. The challenge is to ensure adequate contextual analysis in order to correctly interpret trends, e.g. seasonality of GAM and SAM, insecurity or limited supplies interrupting selective feeding programmes and reducing admission rates. Trend analysis should include consideration of confidence intervals.	• What is the difference between the current conditions and those at the start of or before the emergency? • Does the data follow trends that have been noted in previous years? Does nutrition information show seasonal trends? • Are there changes in the context that may have affected these seasonal trends? • Even if the trends are not significantly different from previous years, does the information and context analysis indicate that the situation is poor or potentially deteriorating?
	Tools and guidance • Specific indicators for evaluations exist for some nutrition interventions (section 9.2.3), though there is no global standard for evaluation tools. • There is no specific guidance for trend analysis in nutrition. At its simplest, it can include looking at changes in data over time using Excel sheets and graphs, but it can also include statistical tests of significance between data points.	

3.5 DISSEMINATION AND USE OF COMMON IM OUTPUTS

Information is useful only when it is used. There are several common outputs that the IM manager is responsible for coordinating and generating, at times in collaboration with the NCC (Table 3.3). The IM manager and the NCC are also responsible for ensuring that information is shared through the most relevant and appropriate mechanisms.

Box 3.6: Example of added value of analysis through the Nutrition Cluster mechanism[1]

In North Sudan in 2006 and 2007, the management of information became very difficult because of political sensitivities: if surveys revealed high levels of malnutrition in Darfur, for example, the government would attack the results as propaganda; if the results showed normal levels of malnutrition, Western governments would question the methodology used. This type of situation is one where there is specific added value in having an inter-agency forum, with shared ownership of analyses, so as to avoid accusations such as these. The DRC Nutrition Cluster in 2006 and 2007, for instance, exhibited a level of technical coherence amongst its members that permitted a process of validating survey results, so that priority needs were expressed as a joint voice.

[1] L. Gostalow (2007). *Nutrition Cluster: A Lesson Learning Review.*

3.5.1 Contact information for the Nutrition Cluster

Effective communication depends on establishing and maintaining reliable contact information for all Nutrition Cluster stakeholders. Options include:

- a simple Excel sheet with name, title, agency, email and phone contact information, plus location;
- an online contact directory or list incorporated into the Nutrition Cluster website or OCHA inter-agency website platform;
- contact information managed through OCHA's 3W database system (section 3.5.3).

To ensure consistent and up-to-date information, and to avoid duplication of effort, it is advisable to use the Contact Management Directory function within the OCHA 3W database. This is accessed in the same way as the OCHA 3W application, requiring a user name and password, and has similar advantages in overcoming the need for large amounts of data entry by the NCC or the IM manager by facilitating direct data entry by Nutrition Cluster partners. However, some provision will need to be made for collecting and updating contact information for partners who may not have direct or easy access to the Internet. Similarly, in emergencies where OCHA is not present or an OCHA-managed inter-agency web platform is not available, alternative arrangements for collecting, storing and updating contact information will be needed. Some things that may be helpful include:

✔ **allocating responsibility** within the Nutrition Cluster team (generally to the IM manager) for inputting changes to contact data when required;

✔ keeping contact information **up to date** and providing regular updates;

✔ using **attendance lists at meetings** to help ensure that details are up to date. Those who have attended previously can simply tick or update their details.

3.5.2 Meeting times, scheduling, and agendas and minutes of meetings

OCHA has a specific role in providing a forum for coordinating meeting times between clusters. The IM manager and the NCC should ensure that Nutrition Cluster meeting times take into account the timing of other cluster meetings, and that they communicate this information to OCHA (see example on the GNC website). Coordination between clusters in terms of meeting times is particularly important for the Nutrition Cluster, since partners are often involved in other clusters (e.g. Health or Food Security).

OCHA does not, however, generally store meeting agendas and minutes. This is the responsibility of the Nutrition Cluster, through the IM system. Meeting agendas and minutes can initially be shared via a wide range of dissemination channels (section 3.5.6). Current and previous agendas and meeting minutes should be available to interested parties as well, either upon request to the IM manager or by being posted on the Nutrition Cluster website. The information contained in the meeting minutes, and the way that sensitive information is dealt with in being recorded and shared, should be discussed and defined within the Nutrition Cluster at the outset (section 1.4.3).

3.5.3 Who, What, Where (When) information (3W/4W)

Who, What, Where (When) **(3W/4W)** is a data collection method which requires agencies to enter their contact information, activities and locations into a matrix.[48] It is a management tool that provides a very useful geographic and thematic overview to highlight major gaps, as well as duplications. This information is often displayed using simple maps. There are, however, some limitations:

- OCHA has a specific format and system for this information for all clusters, which is being enhanced and integrated into the Online Project System (OPS). This enhancement will allow simple Excel tools to be used where the OPS has not

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48 The OCHA website of 3W/4W information is available online at: **http://3w.unocha.org/WhoWhatWhere**.

been launched. The NCC and the IM manager should **be in touch with OCHA** to determine which formats are currently being used at country level.

- The NCC and the IM manager should promote the use of **P-codes for location information**, in order to avoid ambiguity arising from different spellings of location names, in particular when the language of coordination is different from the local language.
- Some types of programming lend themselves to this type of summary, e.g. geographic sites where specific services are available, but community-level work and coverage of programmes can be harder to capture. Some types of information are also easier to map than others. Some **recommended categories for nutrition** are:
    - physical sites where services related to the treatment of acute malnutrition are provided e.g. stabilisation centres (SCs), therapeutic feeding centres (TFCs), supplementary feeding centres (SFCs);
    - baby tents/infant and young child counselling points;
    - sentinel site data collection/surveyed areas;
    - reproductive health (RH) and antenatal/postnatal care (ANC/PNC) services related to antenatal and postnatal supplementation and IYCF counselling.

The 3W/4W information needs to be interpreted and used taking into account the following:

- It generally does not yet include information on the **status of projects**, i.e. whether projects are being implemented or only planned and financed (or not). Many humanitarian actors therefore suggest adding "when" and "how" to the 3Ws.[49]
- The 3W/4W information requested by OCHA may differ in format or detail from **what is required by the Nutrition Cluster** (Table 3.6). In most cases, 3W information is not detailed enough **to influence concrete planning at the local level**.[50] The NCC and the IM manager need to ensure that the OCHA 3W/4W formats are filled in as a minimum for Nutrition Cluster responses, but they may need to request additional, more operational, information from Nutrition Cluster partners to support planning.

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49 IASC (2010). *Cluster Approach Evaluation 2. Synthesis Report*.

50 Ibid.

- 3W/4W information **does not necessarily explain what a lack of agencies in a particular area means**, e.g. whether there is a lack of data on agency activities, or there are no humanitarian needs, or there is a gap in coverage.
- The **presence of an agency does not necessarily mean that services can be accessed** by the intended community. There can be geographic, financial, cultural and security barriers to access.

As a result, it is best to combine the analysis of 3W/4W information with an analysis of the context, needs and gaps to generate a picture of how the presence of agencies and their activities match the understanding of humanitarian needs. It can be beneficial to complement this mapping of activities with **analysis of stakeholder plans and priorities for the short to medium term**. Some components include:[51]

- ✔ the mandate, role, objectives, areas of expertise and priorities that partners want to address;
- ✔ the resources partners have, what they hope to mobilise, and the types and quantities of assistance they intend (or might be able) to provide;
- ✔ the geographic and service areas into which they plan (or might be able) to extend their activities;
- ✔ when they expect to initiate any new activities, extend activities to new geographic areas or scale down and close particular activities;
- ✔ their commitment (or willingness) to collaborate with others and work in partnership, and their interest in contributing to Nutrition Cluster activities;
- ✔ their commitment to addressing cross-cutting issues.

3W/4W information gathered within the Nutrition Cluster should be shared with OCHA and should be updated regularly, according to whatever timeframe is agreed at country level.

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51 REACH and the World Bank also have specific stakeholder analysis and mapping tools, in addition to some of the issues raised here, which are drawn from the Health Cluster Guide. **http://whqlibdoc.who.int/hq/2009/WHO_HAC_MAN_2009.7_eng.pdf**

3.5.4 Maps[52]

Maps are a key tool for coordination in emergencies. They can communicate a lot of information very quickly to a wide range of audiences, including those without specialist or technical backgrounds. They are also useful for quickly identifying gaps and overlaps of information or activities. The IM manager should work closely with the NCC to ensure that the appropriate information is sourced, processed and presented appropriately.[53] Maps must, however, clearly refer to the sources of information and timeframe to which they apply.[54] Examples of **Nutrition Cluster maps** can be found on the GNC website.

There are a number of options for resources to generate maps: from within the CLA, from Nutrition Cluster partners, from OCHA. The OCHA IM toolbox has several resources for GIS mapping, including using PowerPoint and Google Earth to make maps if specific GIS software or expertise are not available.

3.5.5 Reporting

The NCC and the IM manager will be responsible for ensuring that adequate data is available to meet a wide range of information needs in a timely manner. The audience for this information includes Nutrition Cluster stakeholders, the CLA, the RC/HC, OCHA, the national authority and affected communities. While some of these outputs have been outlined above, others are described in Table 3.6. For further information on advocacy and external reporting, such as joint statements and press releases, see Chapter 8.

Table 3.6: Common reports and guidance information provided by the Nutrition Cluster

Report	Purpose
Nutrition Cluster Situation Reports/ humanitarian Situation Reports	Updates of the emergency situation and impact on nutrition, nutrition implementation priorities, collective progress, results and constraints.
	Tools and guidance ● Nutrition Cluster Situation Report format (see OCHA (2009) Cluster Situation Report – Input Form); ● Humanitarian Situation Report format (see OCHA (2011) Situation Report).

52 For more information, see OCHA IM toolbox: http://www.unocha.org/what-we-do/information-management/im-services.

53 This includes the use of P-codes to ensure that locations are correctly identified, in particular where there may be challenges in translating names in the local language into the language of coordination.

54 For more information, see http://www.unocha.org/what-we-do/information-management/im-services.

Table 3.6: Common reports and guidance information provided by the Nutrition Cluster

Report	Purpose
Nutrition Cluster partner monitoring and activity reports/ mid-year and end-year reports for the Consolidated Appeals Process (CAP)	Updates of progress, outcomes and resource allocation of partners, in addition to summary of cluster progress against the indicators of the CAP (mid-year and end-year reporting). **Tools and guidance** • There is no standard reporting format for routine reporting from Nutrition Cluster partners. However, key components should be developed and decided upon within the cluster, related to monitoring systems (section 9.1.3). • Cluster-level reporting for the CAP (see OCHA (2010). *CAP Mid-Year Review Guidelines*; and OCHA (2011). *Guidelines for Consolidated Appeals 2012*).
3W/4W matrices and gap analysis reports	Update on Who is doing What, Where (and When), to highlight gaps or areas of duplication between cluster partners. **Tools and guidance** • 3W/4W analysis by OCHA; • 3W/4W analysis for the Nutrition Cluster (section 3.5.3).
Input to financial and narrative reports on pooled funding (Flash Appeals, CAP, Central Emergency Response Fund (CERF))	Informs donors of cost, progress, outcomes and impact of funded interventions. **Tools and guidance** • Guidelines for Flash Appeals (see IASC (2010). *Revised Guidelines for Flash Appeals*); • Guidelines for CAP (see OCHA (2011). *Guidelines for Consolidated Appeals 2012*); • Guidelines for CERF (see IASC (2011). *Guidance Note on Applying for CERF Rapid Response Grants*).
NCC reports to the CLA and RC/HC	The NCC should be able to brief the head of the CLA and the RC/HC on the Nutrition Cluster at any point. This includes updates on the cluster's coordination, implementation and constraints in relation to the CLA's responsibilities. Briefings should also refer to the Nutrition Cluster's strategy, objectives, operational achievements, gaps and constraints to achievement (financial and operational), the funding situation and any outstanding inter-cluster issues. **Tools and guidance** • Nutrition Cluster briefing points (section 7.2.3).
Nutrition Cluster meeting notes, notes from cluster working groups	These record key issues discussed, decisions, actions, responsibilities and deadlines agreed and delegated. **Tools and guidance** • Sample agenda template (see Annex 3 and GNC website); • Sample minutes template (see GNC website).

Table 3.6: Common reports and guidance information provided by the Nutrition Cluster	
Report	**Purpose**
Nutrition Cluster bulletin	There may be an existing Nutrition Cluster bulletin, or this may be introduced during the emergency response. Bulletins often combine updates on situation monitoring, operational issues and policy-level information, in addition to communicating announcements and sharing experience among the Nutrition Cluster.
	Tools and guidance ● The contents of Nutrition Cluster bulletins will be very much context-specific, related to the characteristics of the emergency and response and to available data (section 7.2.3 and GNC website).

As these outputs and reports are developed, they themselves should be considered as "data" that also needs to be managed, filed, summarised, etc. They give critical insights into the pre-existing situation as well as the evolution of the Nutrition Cluster, which is the basis for institutional memory, lesson learning for knowledge management, and impact evaluations.

3.5.6 Communication channels

There is a range of options for communication and dissemination of information (Table 3.7). These options range from formal to informal, and from structured to unstructured. The specific information channel used for information and outputs produced by the IM manager and/or the NCC and Nutrition Cluster will depend on:

- **who** (which individuals, agencies or stakeholders) needs to access the information;
- the **access** of the target audience to the Internet;
- the **speed required** for the transfer of information;
- the **capacity to maintain the dissemination channel**;
- the **sensitivity of the information** and whether there are any security risks considering the context and parties involved in the crisis.

Nutrition information is inherently sensitive. The Nutrition Cluster should develop a clear policy or guidance on dissemination that takes into account national authority procedures on the use and circulation of nutrition information. The primary concern is that nutrition information is interpreted correctly, used constructively and does not put individuals or the humanitarian response in jeopardy.

Box 3.7: How to ensure that reporting is useful and reports are read[1]

When reporting for a diverse range of stakeholders, consider:

- ✔ keeping reporting **simple, relevant, timely** and to a minimum;
- ✔ clearly outlining **key information** and recommendations;
- ✔ **using information that is reported** to the Nutrition Cluster;
- ✔ reporting **outcomes and impact** where there is data available, not just activities undertaken;
- ✔ reporting **progress as a proportion of overall need**;
- ✔ **avoiding the use of acronyms and abbreviations** and technical and specialist terminology;
- ✔ maximising the use of **visual presentation of information,** while maintaining small file sizes wherever possible, e.g. saving the files in PDF format and zipping before sharing them by email;
- ✔ **proofreading** for spelling, grammar, page numbering and presentation, and ensuring that documents are internally consistent (e.g. that they use the same figures and terms throughout);
- ✔ **translating reports and using appropriate language** for local actors and communities;
- ✔ giving equal priority to **upward and downward reporting**;
- ✔ **following up late reporting** with Nutrition Cluster partners;
- ✔ **circulating reports widely**, e.g. posting on the cluster website, circulating electronically and in hard copy format as required (section 3.5.6);
- ✔ putting in place a **mechanism for dealing with complaints or requests for revision** from Nutrition Cluster partners who disagree with the contents of reporting or who would like to correct information.

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1 See also UN Economic Commission for Europe (2009). *Making Data Meaningful: Part 1: A guide to writing stories about numbers.*

Table 3.7: Summary of information dissemination channels

Means of exchange	Advantages	Disadvantages
Interactive website or platform	● Accessible if Internet access is possible. ● Facilitates access to core documents and information by other stakeholders, including OCHA, other clusters and regional/global support.	● Partners with limited Internet access will be unable to access information. ● May have limited use at sub-national level where detailed coordination is needed once interventions begin.
Email lists	● Quick, and enable information sharing with large numbers of people. ● Not dependent on direct contact, e.g. as in telephone calls, meetings. ● Likely to reach most stakeholders, including the national authority. ● Enable targeting of specific people.	● Reliant on Internet access. ● Email lists quickly become outdated and very long. ● Need to be administered to limit what is being sent and to whom. ● Can overload users with information that is not always relevant to them.
Google Groups, Yahoo! Groups, online calendars[1]	● Good alternative to meetings, since they enable sharing and storing of information and discussion between Nutrition Cluster partners. ● Useful central platform if no inter-agency web platform is available. 1 Online calendars can help facilitate identification of suitable meeting times: for example, Google Calendar and Doodle are web-based tools that facilitate scheduling.	● Limited membership size will exclude some partners. ● High turnover of actors means that a lot of administration is needed. ● Reliant on reasonably good Internet access. ● May not be acceptable in environments with strong national authority control. ● May exclude national/local actors due to poor Internet connectivity, lack of familiarity with this method and language adopted for online discussions (not likely to be the local language and no facility for translation).
Telephone contact	● Reaches national and local partners. ● Enables immediate exchange of information, discussion, decision-making. ● Can be used in most environments.	● May be expensive. ● Not all stakeholders have access to a phone. ● Can be time-consuming. ● More difficult for the NCC to delegate.
Delivery of hard copies	● Reaches national and local partners. ● Familiar method of communication at community level. ● Easily translated.	● Slow, expensive and time-consuming. ● Not interactive since there is no mechanism to allow people to respond.

Table 3.7: Summary of information dissemination channels		
Means of exchange	**Advantages**	**Disadvantages**
Public meetings	• Reach national and local partners. • Familiar method of communication at community level. • Easily translated.	• Time-consuming. • In early response, when information changes very quickly, it can be hard to capture this through meetings. • Can be dominated by powerful interests, strong personalities.
Posters	• Reach national and local partners.	• Slow – not suitable for daily information exchange.
Media (local newspapers, local radio, TV)	• Useful for sharing public information, engaging community interest and lobbying. • Easily translated and can reach a wide range of people.	• Expensive and can be slow and time-consuming to arrange. • Care needed in use of language and information being shared (as reports can be read and reinterpreted by anyone). • Nutrition Cluster has no control over what is ultimately reported. • Not interactive.

Web platforms are a critical IM tool because they provide a single hub for information collection and dissemination. Nutrition Clusters should ideally have their own websites, primarily as an aid to coordination and collective planning, but also to aid external communication. These platforms should be accessible to stakeholders who are part of the response, as well as the wider humanitarian community. Broad availability of key information reduces the burden on the NCC and the IM manager to respond to individual requests for this information, in addition to building and maintaining institutional memory.

Common components of Nutrition Cluster websites include:

- meeting schedules and current agendas;
- contact details (of the Nutrition Cluster coordination teams and partners at national and sub-national levels);
- documents library:
    - Nutrition Cluster strategy and documents, such as TOR/SOP;
    - mapping of nutrition information and 3W/4W information;
    - Nutrition Cluster bulletins and reports;
    - technical best practices;

- latest Situation Reports (and previous ones);
- latest meeting notes (and previous ones);
- latest statistics (and relevant assessment reports);
- interactive discussion forums (including links to other social media) if possible.

The NCC and the IM manager should consult with OCHA and other clusters to determine the most suitable web platform, given the specific context and the capacity for coordination. For example, **OneResponse** is a collaborative inter-agency website designed to enhance humanitarian coordination within the Cluster Approach.[55] Websites should be updated daily, and ideally should be available in the national language and the language of coordination. Sub-national Nutrition Cluster information should also be posted. Websites are often archived after an emergency is over. The information on the website should, however, be replicated in IM systems that are maintained at country level. In addition, the NCC and the IM manager should ensure that documentation is shared with relevant actors at regional level and with the GNC Coordination Team to contribute to knowledge management and lesson learning.

Some points to keep in mind for managing web-based information (e.g. websites and Google Groups):

✔ Consider confidentiality, security, timeliness, sensitivity and quality in the publication of web-based documents and images.

✔ Adopt clear naming conventions to assist in describing, managing and locating information.

✔ Arrange folders and documents in a way that promotes access, e.g. folders for historical documents in chronological order.

✔ Highlight new information and resources.

✔ Conform to agreed Nutrition Cluster and inter-cluster standards for shared websites.

✔ Designate responsibility for posting and managing web-based documents and resources, and for managing the membership (where applicable).

There are a number of challenges that may arise in the development and management of IM systems (Table 3.8). Tips for IM throughout the cycle of data collection, processing, analysis and dissemination can be found in Annex 4.

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55 http://oneresponse.info/GlobalClusters/Pages/default.aspx

Table 3.8: Challenges in IM and points to consider in managing them

Challenge	Points to consider
Not knowing what information is needed in order to make a decision, or what data to prioritise	✔ Adopt a **structured approach to planning** and decision-making so that IM requirements are systematically reviewed. ✔ Prioritise the data/information needed to **facilitate immediate decision-making**. ✔ Consider the **impact of decisions** under discussion, e.g. how many people are likely to be affected. ✔ **Link selection of data to indicators** or proxy indicators that will enable monitoring of Nutrition Cluster objectives or decisions.
Constantly **changing context** (in terms of needs, gaps, etc.)	✔ **Limit requirements for quantity of information:** work only with information that you can and will use at that point in time. ✔ Build **networks** with partners and other clusters for IM.
Poor information or data exchange between national and sub-national Nutrition Cluster partners	✔ Keep demands for information **simple and to a minimum**. ✔ Develop communication and IM systems that **take into account constraints at national and sub-national levels,** e.g. access, security, Internet access, software, time and language. ✔ **Provide information** to Nutrition Cluster partners when they need it to encourage the completion of updates. ✔ Fully **explain the purpose and benefits of IM/knowledge management (KM)** to the Nutrition Cluster and individual partners who are failing to provide the information needed. ✔ Source administration support to **follow up on late information**.
Reluctance by national authority to share information, due to concerns about quality and accuracy	✔ Provide **guidelines on information quality**. ✔ Make it clear that late or poor information is likely to reduce **opportunities for funding** and support.
Data is misinterpreted, misrepresented or manipulated	✔ Ensure **clear engagement around the analysis process**, within the Nutrition Cluster and with OCHA. ✔ Establish agreed standards for the **accuracy and reliability of** information, e.g. need for triangulation, highlighting bias. ✔ **Conduct an orientation** on presentation of nutrition information for selected people, including other clusters and OCHA.

Table 3.8: Challenges in IM and points to consider in managing them	
Challenge	**Points to consider**
Heavy demands on the IM system and/or limited **IM/KM skills** in the Nutrition Cluster	✔ **Devolve the processing and analysis of information** through working and technical groups, e.g. mapping capacities and resources. ✔ **Seek support from OCHA** (IM focal point) or other cluster IM focal points in orienting and supporting the Nutrition Cluster IM focal point to build his/her capacity. ✔ **Source** administrative and IM/KM **support**. ✔ Demonstrate the value of information sharing by **creating quality products and services** that benefit cluster members.
Data is not **disaggregated** by sex and age	✔ **Orient cluster partners** on the need for disaggregated data and provide training if required. ✔ Develop IM tools that **allow for data disaggregation**. ✔ Share with cluster partners **Gender Marker information** and **ensure that future cluster funding is predicated on gender sensitivity of projects**.
Mistakes in data collection, processing, analysis and use are repeated	✔ Facilitate the **collection and sharing of experience and lessons learned** to allow Nutrition Cluster partners to share good practice and learn from each other's experiences.

Resources

- J. Shepherd-Barron (2011). *Clusterwise 2: Information Management*
- IASC (2010). *IASC Guidelines on Common Operational Datasets (CODs) in Disaster Preparedness and Response*
- IASC (2008). *Operational Guidance on Responsibilities of Cluster/Sector Leads and OCHA in Information Management*, IASC Task Force on Cluster Approach
- IASC (2008). *Terms of Reference for Humanitarian Information Centres (HICs)*
- IASC (2007). *Cluster/Sector Leadership Training. Tip Sheet – Information Management*
- OCHA (2011). *OCHA Communications Handbook: Situation Report*
- OCHA (2009). *Cluster Situation Report – Input Form*
- OCHA (2009). *3W Collection Cards and Forms – Lite Version. March 2009*
- OCHA (2009). *Blank meeting attendance sheet*
- OCHA (2006). *Guidelines for OCHA Field Information Management, Version 1.1*

- OCHA (2006). *Discussion Paper: Information Management and Analysis*
- OCHA (2005). *Terms of Reference for OCHA Field Office. March 2005*
- *UN Economic Commission for Europe (2009). Making Data Meaningful: Part 1: A guide to writing stories about numbers; Part 2: A guide to presenting statistics*

➜ **OCHA IM toolbox:** **http://ocha.unog.ch/drptoolkit/PInformationManagement.html**. Includes standard templates for contact directories, meeting schedules, 3W schedules and examples of rapid and detailed assessments, plus tools and guides for mapping and GIS/GPS.

➜ **Symposium on Best Practices in Humanitarian Information Exchange:** **http://reliefweb.int/rw/lib.nsf/db900SID/LGEL-5E9FG6?OpenDocument**

➜ **Global Symposium +5 on Information for Humanitarian Action – Final Report:** **http://reliefweb.int/rw/lib.nsf/db900SID/EVOD-7ECBLP?OpenDocument**

➜ **Metadata Questions and Answers:** **http://ocha.unog.ch/drptoolkit/PInformationManagement.html**

Recommended reading for IM staff orientation

- F. Checchi and L. Roberts (2005). ODI-HPN: *Interpreting and Using Mortality Data in Humanitarian Emergencies*
- IASC Global Nutrition Cluster and Standing Committee on Nutrition (SCN) Task Force on Assessment, Monitoring and Evaluation (2009). *Fact sheet on the implementation of 2006 WHO Child Growth Standards for emergency nutrition programmes for children aged 6–59 months*
- IASC Global Nutrition Cluster and Standing Committee on Nutrition (SCN) Task Force on Assessment, Monitoring and Evaluation (2009). *Fact sheet on MUAC*
- NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 6: Measuring malnutrition: individual assessment. Version 2*; *Module 7: Measuring malnutrition: population assessment. Version 2*; *Module 10: Nutrition information and surveillance systems. Version 1*.

- ODI/H. Young and S. Jaspars (2006). *The Meaning and Measurement of Malnutrition in Acute Emergencies*
- SCN Working Group on Nutrition in Emergencies (2007). *Draft Statement on the Use of the WHO 2006 Growth Standards in Emergency Nutrition Programmes*
- Standardized Monitoring and Assessment of Relief and Transitions (SMART) (2006). *Measuring Mortality, Nutritional Status, and Food Security in Crisis Situations – SMART Methodology Version 1*
- WHO and UNICEF (2009). *WHO Child Growth Standards and the Identification of Severe Acute Malnutrition in Infants and Cchildren. A Joint Statement by the World Health Organization and the United Nations Children's Fund*.

Additional resources: TORs for IM and examples of Nutrition Cluster bulletins, meeting calendars, 3W/4W tables and maps can be found on the GNC website at **http://www.unicef.org/nutritioncluster**.

Chapter 4

ASSESSMENT

Chapter 4:
ASSESSMENT

This chapter provides an overview of the issues and tools related to assessment in nutrition emergencies. The Nutrition Cluster Coordinator (NCC) has a key role to play in ensuring that effective and coherent needs assessment and analysis are conducted for the Nutrition Cluster, involving all relevant partners, as well as ensuring integration of priority cross-cutting issues in cluster needs assessment, analysis, planning, monitoring and response (i.e. disaster risk reduction (DRR), early recovery, environment, HIV/AIDS, disability, gender and age). The NCC also has a key role to play in ensuring that nutrition is incorporated into assessments by other clusters where relevant through sharing relevant information, coordinating around tools and contributing to analysis and use of inter-cluster assessments.

KEY POINTS

- Assessments and analysis of information are essential to support decision-making in emergencies. Cross-cutting issues and the use of sex- and age-disaggregated data (SADD) should be incorporated through all phases of assessment.
- Assessment methodologies will depend on the existing context, available information and information needs. Their complexity generally increases with time.
- Investment in tools, standards, partnerships and routine baseline information is an essential but often overlooked component of emergency preparedness.
- Preliminary scenario definition within the first 72 hours of an emergency being declared consolidates available secondary information in order to generate an initial planning scenario for further assessments, action and resource mobilisation.
- An initial rapid assessment complements existing secondary data and easily generated primary data with additional information from the community. This can refer to key informant interviews, direct observation, purposive sampling and nutrition screening (often with mid-upper arm circumference (MUAC) measurement). This information is useful for updating the Nutrition Cluster response plan, but is not statistically representative of the population.
- A comprehensive nutrition assessment involves conducting an anthropometric nutrition survey using two-stage cluster sampling. Collection of specific additional data from other clusters can be helpful in providing complementary information to determine the underlying causes of malnutrition. This level of assessment helps to establish a baseline for future impact evaluation by reflecting population-level nutrition status at one point in time.
- An in-depth multi-sectoral assessment generally entails greater partnership between the Nutrition Cluster and other clusters in terms of indicator definition, tool development, data analysis and reporting. Information gathered can be used to support a transition strategy, promote early recovery issues and support contingency planning for subsequent emergencies.

4.1 ASSESSMENTS AND ANALYSIS IN EMERGENCIES

4.1.1 What are assessments?

Assessments are one part of the larger information management (IM) system. The information that they generate provides a critical foundation for planning, delivering and monitoring the Nutrition Cluster response. They are the tools used to generate a clear picture of the pre-crisis situation, including vulnerabilities and nutrition outcomes, and to generate in-crisis information that outlines the scale of the emergency and who is affected. Assessments are also critical to guide the Nutrition Cluster response as the emergency progresses. There are many types of assessment that may be implemented, depending on available resources, capacity and time. Assessments are an iterative process, as previous analyses are updated with more detailed and more up-to-date information collected through each subsequent assessment.

The quality and timeliness of information and knowledge generated through assessments are related to pre-existing structures, standards and partnerships around IM. Global guidance and standards in assessment for nutrition are currently in various stages of development, and this is often mirrored in country-level tools and standards. The specific assessment tools used will depend very much on the context of the emergency and on the capacity and resources on the ground.

An overarching framework for assessments in emergencies (Figure 4.1) has been developed by the Inter-Agency Standing Committee (IASC) Needs Assessment Taskforce (NATF) in order to improve the timeliness and effectiveness of needs assessments in emergencies. The framework describes a progression in assessments that is applicable in emergencies.[56] The type of information and type of analysis, as well as the level and type of coordination with other clusters, generally become more detailed over time. The model outlines five phases of assessment but in reality the boundaries can be quite fluid, with preparation for one type of assessment taking place while a different type of assessment is being

Sphere Minimum Standards: Core Standard 3: Assessment: The priority needs of the disaster-affected population are identified through a systematic assessment of the context, risks to life with dignity and the capacity of the affected people and relevant authorities to respond.

56 For more information, see **http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-common-default&sb=75**.

implemented. The proposed phases are only indicative and are provided as a frame of reference, as the amount of available information, time for collection and structures to analyse the information will depend on the specific context.

Assessments should be formulated to generate the most critical information needed for programming. The depth of information needed will vary between different actors: the humanitarian community comprised of relevant clusters and stakeholders, the Nutrition Cluster as a whole and individual Nutrition Cluster partner agencies. There are times when additional information is needed beyond what is provided through the tools developed by the NATF. Ideally, the Nutrition Cluster Coordinator (NCC) and the IM manager will liaise effectively between Nutrition Cluster partners and other agencies through the UN Office for the Coordination of Humanitarian Affairs (OCHA), so that the different levels of assessment complement one another. This will include coordination:

- **across all clusters**, coordinated by OCHA;
- **within the Nutrition Cluster as a whole**, in addition to participation in inter-cluster assessments, coordinated by the NCC with the support of the IM manager;
- **within the Nutrition Cluster by individual agencies**, coordinated by the NCC and the IM manager.

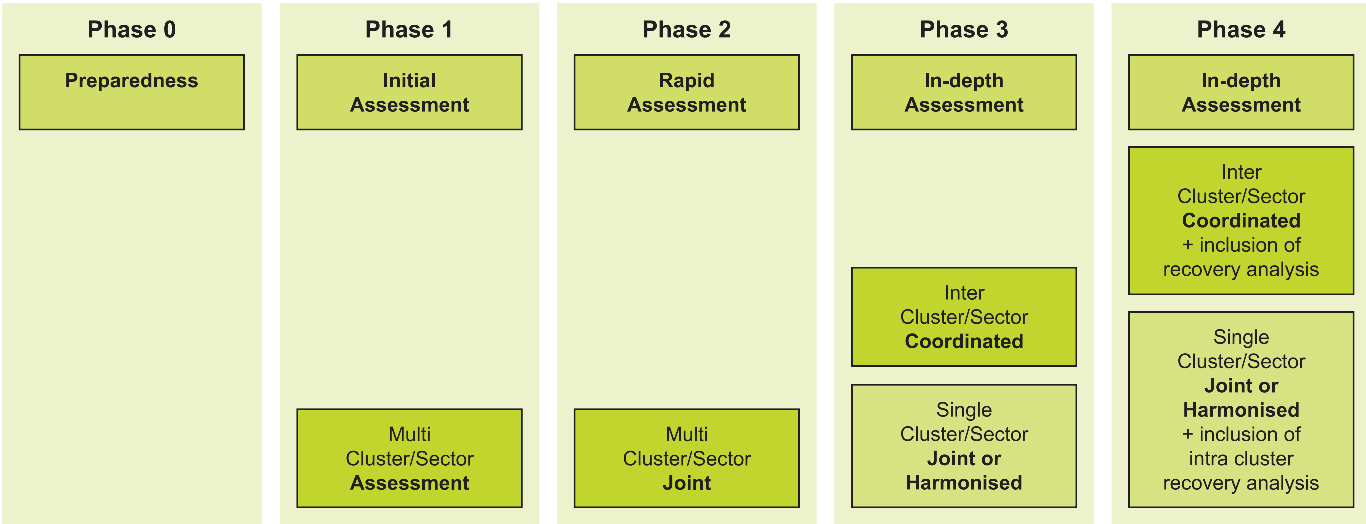
Coordination is important to prevent gaps or duplication of information, as well as to prevent overburdening the affected population with multiple assessments, i.e. "assessment fatigue". There are two approaches to coordination in assessments, specifically:[57]

- **Harmonised assessment:** Data collection processing and analysis are undertaken separately. The data is sufficiently comparable (due to the use of common operational datasets (CODs) (section 3.2.2), key indicators and geographical and temporal synchronisation) to be compiled into a single database and to serve as the subject of a shared analysis. For example, agencies within the Nutrition Cluster carry out their own separate but coordinated assessments using agreed core indicators (including sex- and age-disaggregated data (SADD)) during the same period of time;
- **Joint assessment:** Data collection, processing and analysis are done through a single process by agencies within and between clusters, leading to a single report. This is sometimes also referred to as a "common assessment". For

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57 IASC (2011). *Needs Assessment Taskforce: Operational Guidance for Coordinated Assessments in Humanitarian Crises*.

Figure 4.1: NATF overview of phases of emergency assessment



example, agencies within the Nutrition Cluster use one agreed survey tool (which makes clear provision for collection of SADD) and pool resources for data collection, data entry, analysis and writing of a single report.

The type of information that is available and the gaps that need to be filled during assessments in emergencies will be related to existing IM systems, e.g. whether or not information is available from routine facility-based service and screening information, large-scale population-based assessments, selective feeding programmes and/or localised nutrition surveys. The initial mapping of the IM system will outline gaps that may need to be addressed through assessments. The information and process outlined by the NATF may be seen as a minimum; the Nutrition Cluster can expand the contents and breadth of assessments as needs demand and capacity allows.

4.1.2 Who is involved and how is this coordinated?

- The **NCC and the IM manager** facilitate the process of identifying available information and gaps that need to be addressed through assessments. They collaboratively develop the plan on how those information gaps will be filled within the Nutrition Cluster. Practical activities include:

  ✔ **identifying and prioritising information** to be collected by the Nutrition Cluster;

  ✔ ensuring that nutrition information is collected **in line with international best practice** (e.g. Sphere standards, infant and young child feeding (IYCF) indicator guide, Standardized Monitoring and Assessment of Relief and Transitions (SMART) indicators, World Health Organization (WHO) Child Growth Standards);

  ✔ ensuring that assessment processes and methodologies capture cross-cutting issues, e.g. data that can be disaggregated by sex and age, and relevant vulnerable groups;

  ✔ promoting **Nutrition Cluster partner participation** in data collection and analysis, in particular around recommendations for action;

  ✔ ensuring that nutrition information needs and inputs are **incorporated into the tools and assessments of other clusters** as appropriate (e.g. indicators);

  ✔ ensuring that relevant **information from other clusters is included where appropriate to enhance analysis** of the nutrition situation (e.g. food security, WASH, health);

✔ ensuring that information and analysis are **prepared and disseminated** to appropriate stakeholders in a timely manner in order to promote appropriate responses.

- The **Resident Coordinator (RC)/Humanitarian Coordinator (HC) and the OCHA Inter-Cluster Coordination Group (ICCG) and Information Management Working Group (IMWG))** (sections 2.4.2 and 3.1.4) are responsible for coordinating emergency assessments across clusters at the country level. This includes promoting the use of tools for harmonised assessments, promoting joint assessments, sharing data across clusters, supporting inter-cluster analysis and ensuring that strategic priorities are based on evidence.
- **Nutrition Cluster partners** are critical in the implementation of assessments, and in identifying specific information needs for the Cluster as a whole (Figure 4.2). They contribute to the development of cluster-specific tools (which are shared with other clusters by the NCC and the IM manager through the ICCG and the IMWG), data collection and analysis, and defining the strategic responses required. Nutrition Cluster partners may contribute to assessments that aim to capture the nutrition situation as a whole, and may also conduct more localised assessments to inform their own programming.

In order to ensure that the assessment phase addresses cross-cutting issues, the NCC should consider, where appropriate:

- ensuring that the gender balance of assessment teams (assessors and translators) reflects the cultural norms and needs of the questionnaire. This may entail inclusion of women as assessors and translators to ensure greater access to females where they are the primary respondents, while in other contexts it may entail ensuring that males are available to interview males where cultural norms would not permit women to act as interviewers;
- identifying key informants, and ensuring that women who are knowledgeable about the community, including midwives, nurses, community leaders and teachers, are considered;
- where possible, ensuring that focus groups are formulated in such a way that they allow both males and females to share their opinions. In some contexts, this may require entirely separate focus groups. In the case of mixed groups, attention should be paid to ensuring that one group does not dominate in the discussion;

Figure 4.2: Broad steps for the NCC and Nutrition Cluster to undertake in relation to assessments

Pre-crisis preparedness	Planning and organising	Conducting fieldwork	Analysing the data	Using the findings
Step 1: Build capacity and buy-in among partners for assessment **Step 2:** Define responsibilities and coordination roles. **Step 3:** Develop Nutrition Clusters assessment tools. **Step 4:** Ensure consolidation of pre-crisis data.	**Step 5:** Agree on the specific objectives of the assessment. **Step 6:** Determine information requirements. **Step 7:** Select assessment sites and sources. **Step 8:** Mobilise resources for data collection, including training of assessment teams. **Step 9:** Develop fieldwork plans.	**Step 10:** Collect primary data and consolidate secondary data. **Step 11:** Ensure adequate supervision, and review quality of data collection.	**Step 12:** Triangulate and cross-check data. **Step 13:** Compile and summarise data. **Step 14:** Analyse data, including gender and age analysis. **Step 15:** Interpret assessment findings.	**Step 16:** Document interpretation and assessment. **Step 17:** Facilitate dissemination of assessment findings and incorporation into action plans. **Step 18:** Store and manage assessment information. **Step 19:** Monitor the situation and implement other assessments as needed.

- where possible, sub-dividing focus groups (divided by gender) into age groups (e.g. children, adolescents, adults and older people), as adults and older people tend to dominate in public and mixed-age discussions;
- reviewing available baseline data on the affected area, and making every effort to seek out SADD where it is available;
- ensuring that, where differences exist, the analysis and recommendations reflect the differing needs of girls, boys, women and men.

4.1.3 Analysing assessment findings

The NCC, with support from the IM manager, is responsible for facilitating the analysis of assessment information within the Nutrition Cluster. The NCC is also responsible for ensuring that nutrition considerations are integrated into multi-sectoral assessments and analyses. Nutrition is the outcome of multiple factors, but in practice this is often not well understood by actors outside of the Nutrition Cluster. As a result, potential linkages for prevention of malnutrition and for addressing its underlying causes are often underdeveloped in emergency responses. There is limited guidance available on conducting causal analysis and statistically valid analysis of data across clusters that has not been collected using the same tools. There is also limited guidance on analysing secondary data from other clusters in combination with primary data from nutrition; nevertheless, every effort should be made to form linkages with colleagues from other clusters, at least at the level of consultation and information sharing.

There is often limited time and capacity available to raise awareness of other clusters regarding nutrition issues during an emergency. Where possible, efforts should be made to ensure that key cluster leads and individuals within the humanitarian response understand nutrition issues and how to interpret nutrition information. Similarly, it is important that the NCC is familiar with the conceptual frameworks of other clusters so that s/he can:

- better incorporate information from other clusters into the nutrition analysis;
- identify potential inter-cluster linkages and bring these to the discussion of coordinated response;
- package the nutrition analysis in more relevant ways for decision-makers both within and outside of the Nutrition Cluster.

It is beyond the scope of this handbook to go into these other conceptual frameworks in depth; however, additional information and resources can be found in section 5.4 and in Annex 5.

4.1.4 Things to consider in planning nutrition assessments

Nutrition is a high-profile component of information in humanitarian response, with prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) figuring prominently in reporting within the Nutrition Cluster and other clusters. At the same time, baseline information against which progress can be measured is commonly limited, either because it has never been gathered or because it has been lost during the emergency. Even if baseline information is available, there may be questions concerning its quality. Nutrition information is also often taken out of context, e.g. not taking into account seasonal trends. The NCC and the IM manager have to be able to balance the information gaps and demands and ensure that available quality nutrition information is identified and used.

Many **humanitarian actors have strong internal policies and incentives** for retaining individual needs assessments that are difficult to change through coordination. Needs assessments are crucial for fundraising and as an entry point for organisations to specific areas and populations. As a result, the NCC and the IM manager need to think very strategically in terms of identifying information that is operationally relevant to many different agencies, as well as adequately capturing the needs of the affected population.

Global guidance on needs assessments, for nutrition and across clusters, is **in varying stages of development**. There are a few standardised tools for nutrition assessment, such as SMART for anthropometric nutrition surveys and the Initial Rapid Assessment (IRA) tool, which is being broadened into the Multi-Cluster/Sector Initial Rapid Assessment (MIRA) tool under the NATF. There are also specific challenges for assessments under certain conditions (e.g. in urban areas, situations of insecurity). Even so, assessment tools should be reviewed to ensure that issues vital to the specific country, time or context are incorporated. While the NCC and the IM manager should advocate for the inclusion of nutrition information in other cluster assessments where relevant, the lack of global guidance in this area makes such advocacy difficult. Close collaboration and communication with other cluster leads through the ICCG and the IMWG are essential to identify opportunities and options for collaboration around assessments.

Needs assessment **information has variable links to action**. The timeliness of data may not be adequate, e.g. if the survey methods used are so complicated, expensive or labour-intensive that donor interest or funds have been committed elsewhere by the time the findings are made available. Even when this is not the case, agencies and donors may be tied by their specific mandates to being able to respond only in specific ways, whether or not these are directly justified by the evidence of the needs assessment. It is critical that Nutrition Cluster partners, including observers, use the Nutrition Cluster mechanism for sharing information on planned and actual programming so that gaps in the emergency response in relation to evidence-based needs can be identified and addressed.

4.2 DATA PREPAREDNESS (PHASE 0)

"Data preparedness" refers to developing a minimum set of information standards, tools, sources, partnerships and forums to enable effective and immediate IM in the event of an emergency.[58] It allows the Nutrition Cluster, as well as other clusters, to manage and use information immediately following an emergency. The degree of data preparedness has a direct impact on the effectiveness of rapid joint needs assessments, as these rely on shared agreement on baseline data, common assessment tools and common standards. Countries that face ongoing emergencies are more likely to have some level of data preparedness, though it is also important to address this issue in countries prone to natural disasters or with a high risk of future crisis. IM systems and tools developed during an emergency can contribute to improved data preparedness for any future disaster.

Output/product
By the Nutrition Cluster and across clusters: ● Data standards agreed by cluster/sector partners ● Technical guidelines agreed for data collection and analysis ● Partnerships established between agencies around collection of information ● Capacity built and training conducted in data collection and analysis ● Pre-crisis data compiled.

The purposes of this phase are:

- **preparedness planning** for coordinated assessment;

58 IASC Humanitarian Early Warning System Contingency Planning Toolkit, Data Preparedness, PowerPoint (undated).

- **generating buy-in and establishing systems** for assessments that may take place during the emergency;
- generating **reliable baseline information** and routine information.

Data preparedness should take place at the level of the Nutrition Cluster, as well as across clusters through OCHA, the ICCG and the IMWG. Within the Nutrition Cluster, partners can discuss and agree on a coherent, coordinated set of assessment and situation monitoring activities, adapted to the local context, which identify priorities and provide timely information to decision-makers on both humanitarian and early recovery needs. Practical activities for the **NCC and the IM manager** include:

✔ **identifying existing standards** on nutrition assessment and dissemination guidelines;

✔ **reviewing assessment planning** already undertaken **and lesson learning** from past experience;

✔ **preparing** CODs, identifying available information and compiling baseline data;

✔ **generating buy-in** among Nutrition Cluster partners and other clusters to conduct joint needs assessments, and including participation in joint needs assessment in the Nutrition Cluster Standard Operating Procedures (SOP)/ Terms of Reference (TOR);

✔ identifying sources of **technical expertise** in assessments, either among Nutrition Cluster partners or from external sources such as OCHA, other clusters, the private sector or the Global Nutrition Cluster Coordination Team (GNC-CT);

✔ leading the **development of a Nutrition Cluster needs assessment plan**, including agreement on content, methodologies and responsibilities, and procedures for data collection, analysis and use. It should be determined where data will be processed and how often, e.g. at sub-national or national level, continuously or weekly;

✔ **building capacity** in needs assessment practice amongst cluster agencies and other partners, through training and information sharing.

4.3 PRELIMINARY SCENARIO DEFINITION (PHASE 1)

The decision to activate the Nutrition Cluster may or may not take into account all available nutrition information, particularly in acute-onset emergencies when the situation and/or risk of deterioration may justify the cluster's activation. In slow-onset or chronic emergencies, however, analysis of available information as part of the activation of the cluster is more feasible. Preliminary scenario definition (PSD) generates an initial understanding of the situation, in order to guide strategic planning, planning for further assessments and resource planning. Who is involved and what specific information is included will depend on the degree of pre-emergency data preparedness and how quickly appropriate personnel are in place for the Nutrition Cluster response. Identifying information that may be included in the PSD can be linked to mapping of nutrition information (section 3.3.1) and emergency preparedness.

Output/product
By the Nutrition Cluster and across clusters:
• Preliminary scenario definition/Needs Analysis Framework (NAF) report

The purposes of this phase are to:

- **create shared situation awareness** in terms of scale, priorities, risks and vulnerability;
- **inform initial strategic planning**, e.g. the Initial Flash Appeal (section 8.2.1), allocation of preliminary emergency funding and first response proposals;
- initiate **planning for Phase 2** assessment (see below).

4.3.1 What information is needed for preliminary scenario definition?

Preliminary scenario definition consolidates available basic information for decision-making and prioritisation of the initial response (1–2 months) after a crisis. The preliminary scenario and rapid needs assessments aim to provide information that will answer the following questions:

✔ **What has happened?** A description of the type of emergency and relation to the pre-emergency condition.

✔ **Where has it happened?** The geographical areas affected by the disaster and their environmental conditions.

✔ **Who/what has been affected?** Identifying the most affected vulnerable segments of the population who should be prioritised for assistance, and why. Analysis should include an age and gender dimension to ensure that the needs of girls, boys, women and men are identified.

✔ **What has been the impact?** Estimating the number of people affected, their demographic characteristics and how they have been affected.

✔ **What resources already exist?** Identifying what resources and capacities are present in the country and the affected areas, and how these are affected.

✔ **What are the humanitarian needs, gaps and priorities?** Identifying what humanitarian needs have not yet been met, what the gaps are and the priorities for humanitarian assistance.

✔ **What is the potential evolution of the emergency?** Identifying risks and the likelihood of a deterioration in the situation.

The **NCC and the IM manager** should:

✔ gather and consolidate **available nutrition** information;

✔ **present the information** according to the templates that are decided on at country level, which could include:

- the MIRA preliminary scenario definition template;
- the Needs Analysis Framework (NAF);
- the Sphere checklist for nutrition assessment;[59]
- specific tools adapted at country level;

✔ contribute **nutrition inputs to inter-cluster documentation** around initial assessments;

✔ work with Nutrition Cluster partners to **identify key gaps** in information and start planning how to address these gaps as a collective group.

The analysis guides initial plans for whether, and how, to intervene by establishing priorities for action and resources necessary for immediate response, as well as

59 The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*. Appendix 3 in the Food Security and Nutrition chapter.

information gaps to be addressed in the short term. This information forms the basis for the Flash Appeal (section 8.2.1). The preliminary scenario information is further developed in Phase 2, when additional primary data is collected and fed into the revision of the Flash Appeal. The preliminary nutrition scenario should consider information from the food security, health and WASH sectors. Three options that have been developed at global level are presented below; others may have been developed at country level. The specific framework that should be used to present the information should be discussed and agreed at country level.

i. Key indicators for nutrition recommended for inclusion under the MIRA[60]

The IASC, in consultation with global cluster leads, has developed a list of recommended indicators for each cluster. For nutrition, these include:

N1 % of girls/boys aged 6–59 months acutely malnourished, a) pre-crisis and b) currently

N2 Number of girls/boys aged 6–59 months moderately acutely malnourished, a) currently and b) pre-crisis

N3 Number of girls/boys aged 6–59 months severely acutely malnourished, a) currently and b) pre-crisis

N4 % of severely acutely malnourished girls/boys aged 6–59 months enrolled in/admitted to therapeutic feeding programmes

N5 % of moderately acutely malnourished girls/boys aged 6–59 months enrolled in supplementary feeding programmes

N6 % of infants 0–5 months of age who are a) fed exclusively with breastmilk, b) formula-fed, c) partially breastfed

N7 % of infants 6–8 months of age who receive solid, semi-solid and soft food

N8 Proportion of girls/boys 6–23 months of age who receive food from four or more food groups, a) currently and b) pre-crisis

N9 Proportion of girls/boys (breastfed and non-breastfed) 6–23 months of age who received solid, semi-solid and soft foods for the minimum number of times or more number of daily feeding episodes in children

N10 Proportion of mothers with children aged 0–23 months receiving IYCF counselling

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60 See **http://oneresponse.info/resources/NeedsAssessment/Pages/Indicators and Guidance.aspx**.

N11 Proportion of girls/boys aged 6–59 months who have received Vitamin A in the previous six months

ii. The Needs Analysis Framework[61]

The **Needs Analysis Framework** (NAF) is an IASC multi-sectoral tool introduced to help UN Country Teams to coherently and consistently present existing information on humanitarian needs. The NAF model clearly shows the interlinkages between different factors in a typical humanitarian crisis. A statement of the severity of the situation, identifying vulnerable groups and the most affected areas, is based on:

- access to services for the treatment of SAM, moderate acute malnutrition (MAM) and micronutrient deficiency diseases (MDDs);
- information on nutritional status of the population (anthropometric status);
- information on micronutrient deficiencies;
- analysis of trends over time;
- examination of the data, based on sex and age disaggregation.

iii. Nutrition assessment checklist from Sphere Minimum Standards[62]

The Sphere Minimum Standards outline key areas of inquiry for needs assessment. These areas can be used as a guiding framework for consolidating available secondary information, as well as for planning assessments where primary data is collected. The information is likely to be available from a variety of sources and gathering it will require a variety of assessment tools, including key informant interviews, observation and review of secondary data. Questions to be asked include:

- What information exists on the **nutrition situation**?
- What is the **risk of malnutrition related to poor public health**?
- What is the **risk of malnutrition related to inadequate care**?
- What is the **risk of malnutrition related to reduced food access**?

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61 See **http://www.icva.ch/doc00002343.doc**.

62 For more information, see The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*. Appendix 4, ‘Measuring acute malnutrition’, in the Food Security and Nutrition chapter.

- What formal and informal **local structures** are currently in place through which potential interventions could be channelled?
- What **nutrition interventions or community-based support were already in place** before the current crisis, organised by local communities, individuals, NGOs, government organisations, UN agencies, religious organisations, etc.?

4.3.2 Preliminary scenario definition (with and without baseline information)

Several streams of nutrition information may be available, each with its own strengths and weaknesses[63] in terms of representativeness of the population, difficulty of collection and capacity to capture changes within a useful timeframe for emergency response planning and monitoring. This includes nutrition information from:

- selective feeding centre databases;
- sentinel site surveillance and/or early warning systems;
- routine facility-based information on nutrition services;
- large-scale or small-scale anthropometric surveys;
- Multi-Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS).

Complementary streams of information in the health, food security and WASH clusters[64] include:

- World Health Organization (WHO) Early Warning and Response System (EWARs), Health Information and Nutrition Tracking System (HiNTS) and Health Resource Availability Mapping System (HeRAMS) systems;
- Un Food and Agriculture Organization (FAO)/World Food Programme (WFP) Crop and Food Security Assessment Missions (CFSAMs);

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63 For more information, see NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 7: Measuring malnutrition: population assessment*; and *Module 10: Nutrition information and surveillance systems. Version 2.*

64 Ibid. *Module 8: Health assessment and the link with nutrition*; and *Module 9: Food security assessment and the link with nutrition. Version 2.*

- WFP Emergency Food Security Analysis (EFSA), Comprehensive Food Security and Vulnerability Analysis (CFSVA) and Food Security Monitoring System (FSMS) data.

Where baseline information is available, the NCC and the IM manager are responsible for identifying, collating and assessing data quality through triangulation of information if possible. It is important to highlight gaps in available information or contradictions as part of the caveats for analysis and/or preparation for further assessment. In cases where there is too much secondary data available, the NCC and the Nutrition Cluster should re-examine agreed information requirements and, if appropriate, narrow them down. The **NCC and the IM manager** should screen data for:

✔ **importance:** to prioritise data from sources/locations of greatest relevance to the cluster;

✔ **timeliness:** to prioritise the most recent data;

✔ **quality:** to look for evidence of reliability in the data collection process, e.g. verification, referencing, data trail.

Where baseline information is not available or is inadequate, the **NCC and the IM manager** are responsible for identifying the most critical pieces of information and for developing a plan for addressing these gaps with the Nutrition Cluster and other relevant clusters. This may include:

✔ **increased efforts for collaborative assessment** with the national authority and other clusters;

✔ advocacy for **inclusion of core nutrition concerns in other joint needs assessment** exercises;

✔ **expansion of the scope of primary data collection** to include additional locations or groups, and to minimise risks of bias;

✔ expansion of primary data collection to accommodate additional sources and to ensure **verification and triangulation**;

✔ support for **the national authority and national/local organisations** in the management and analysis of data and information that they hold.

4.3.3 Presentation of preliminary scenario information

Three levels of analysis are needed within a very short timeframe: needs analysis, capacity analysis and gap analysis (section 3.4). The level of consultation with

Nutrition Cluster partners is likely to be limited at this point, given the need for information and analysis within a short period of time. Even so, the NCC should make every effort to include Nutrition Cluster partners in the process to the extent possible under the circumstances. The preliminary scenario can also be used as a basis for discussion with Nutrition Cluster partners, and will be expanded upon with the next phase of assessment. Key aspects include:

- ✔ building **agreement on priority recommendations** for inclusion in appeals;
- ✔ feeding into strategic Nutrition Cluster response planning, particularly in defining the **overarching cluster objectives** and indicators;
- ✔ **identifying actions required** by individual agencies and other clusters;
- ✔ defining **key points for advocacy** regarding the nutrition response;
- ✔ determining **information gaps** for further assessments.

4.4 RAPID ASSESSMENTS (PHASE 2)

Information consolidated in preliminary scenario definition needs to be further updated with information from emergency-affected areas. This phase includes data collection, often at community level, as there are generally limited resources or capacity to undertake a statistically valid population-based assessment at the household level at this stage of the emergency. Initial rapid assessments across clusters are coordinated by OCHA. The Nutrition Cluster may also elect to conduct specific rapid assessments.

Output/product
By the Nutrition Cluster ● Rapid assessment reports (e.g. MUAC)
By the Nutrition Cluster and other clusters ● IRA report ● MIRA report

The purposes of this phase are to:

- further define geographic and sector **priority areas**;
- inform the **revision of the Flash Appeal** and other emergency response proposals;

- **update information** from the preliminary scenario developed in Phase 1 with data collection and development of assessment needs planning for further phases.

4.4.1 What information is needed for a rapid assessment?

There are several methodologies that can be used; the specific methodologies should be coordinated between clusters and within the Nutrition Cluster. This decision will be influenced by needs and capacity on the ground and by accessibility of affected populations. These methods include:

i. the Initial Rapid Assessment (IRA) tool;
ii. rapid assessments using the Multi-Cluster/Sector Initial Rapid Assessment (MIRA) tool (forthcoming);
iii. rapid nutrition assessments, e.g. using MUAC.

i. The Initial Rapid Assessment Tool[65]
The Initial Rapid Assessment (IRA) tool was developed by the IASC Global Health, Nutrition and WASH clusters in 2006–09. It is designed to be used in the field by team members with relevant general knowledge and experience but without specialised technical expertise in particular sectors. The approach includes review of secondary data and focused collection of primary data. The whole process, including analysis and preparation of a report, should be completed within 1–3 weeks.

The IRA tool has several components, namely a guidance note for field teams, an aide memoire for individual teams, field assessment forms, software for data entry and analysis and a guide for software use. Ideally the IRA tool should be reviewed and adapted at country level as part of data preparedness efforts. The tool is in the process of being updated and replaced by the MIRA tool, though use of MIRA is not yet widespread (see below).

Indicators in the secondary data checklist[66] include anthropometric outcomes for children aged 6–59 months and for pregnant women and other adults, low birth weight, information on Vitamin A deficiency, consumption of iodised salt, admissions into selective feeding programmes, availability of nutrition supplies and IYCF practice. Indicators in the field collection form (section 4: Food Security and Nutrition) gauge availability of programming for SAM and MAM as well as

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65 For more information, see **http://ocha.unog.ch/drptoolkit/PInformationManagement.html**.

66 For more information, see *Initial Rapid Assessment (IRA) Guidance Notes*: Annex C, Nutrition and Infant and Young Child Feeding sections. **http://ocha.unog.ch/drptoolkit/PInformationManagement.html**.

micronutrient supplementation pre- and post-emergency onset, in addition to monitoring violations in distribution of infant milk products and any issues related to the feeding of children under two years of age.

ii. The Multi-Cluster/Sector Initial Rapid Assessment (MIRA) tool[67]
The MIRA tool, developed by the IASC NATF, is used during the first weeks following a sudden-onset disaster. The tool aims to provide fundamental information on the needs of affected populations and to support the identification of strategic humanitarian priorities. It thus enables all humanitarian actors to reach, from the outset, a common understanding of the situation and its likely evolution, and to agree immediately on strategies. It gathers secondary and primary data from purposively selected locations in affected areas, and the information is compiled into a single MIRA report.[68]

iii. Rapid nutrition assessments[69] are commonly conducted at the onset of an emergency, or following a significant or suspected change in the context. Rapid nutrition assessments are also done where there is poor security and/or very limited access. There is no international guideline on rapid assessments, though various agencies and countries have developed specific guidelines in this area (e.g. Action Contre la Faim (ACF), Ethiopia, North Sudan).

Information relating to nutrition is gathered from key informants as part of a broader emergency needs rapid assessment. For example, informants may be asked whether signs of malnutrition[70] have become more common and whether any children are displaying signs of kwashiorkor (e.g. bilateral oedema) or micronutrient deficiencies. Informants may be asked about changes in dietary habits such as reduction in food quantity or quality and reduced frequency of meals. Direct observations of the population and environment, and review of records from available feeding centres and/or health facilities, are often included.

Anthropometric household rapid assessment can also be undertaken. In this case, as it is often not possible to draw a random sample representative of the population surveyed, the findings must be used with caution. Measurement of the

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67 IASC (2011). *Needs Assessment Taskforce: Operational Guidance for Coordinated Assessments in Humanitarian Crises*.

68 See **http://ochanet.unocha.org/p/Documents/mira_final_version2012.pdf**.

69 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 7: Measuring malnutrition: population assessment. Version 2*.

70 One challenge for rapid assessments and consultation with key informants is to ensure that people understand the meaning of undernutrition. Community perceptions of what undernutrition is and understanding of its impact on both short-term growth and long-term productivity are variable. It is therefore critical to ensure that these concepts are well defined and clear in the assessment tools.

mid-upper arm circumference (MUAC) is often used in these circumstances, as this can be done quickly and requires very little equipment (only a measuring tape). Information on the presence or absence of bilateral nutritional oedema should also be collected.

There is no formal threshold for MUAC in terms of reflecting the severity of the situation at population level, nor is there a conversion factor between MUAC assessment information and prevalence of wasting based on weight-for-height z-scores (though this is under development) to guide response. **Care must be taken to ensure that MUAC results are presented appropriately**, e.g. that it is clear that they are not representative of the population as a whole, and that they are not presented as indicating the prevalence of GAM.[71] At the same time, rapid nutrition assessments can highlight areas of vulnerability and areas where immediate assistance, or an anthropometric nutrition survey, is warranted or not. Based on the 2009 joint statement by WHO and UNICEF on the definition of SAM, a MUAC of less than 11.5cm should be the cut-off in classifying SAM for children aged 6–59 months.[72] As a general rule of thumb, where there are high numbers of children assessed with SAM during a rapid nutrition assessment (e.g. more than 5% of the children sampled), the situation is dire.

The **NCC and the IM manager** should work with:

- **other clusters through OCHA** (ICCG and IMWG) to contribute to the tools and methodology for assessment, as well as analysis and dissemination, if a formal MIRA or IRA is undertaken. In the event that a rapid nutrition assessment is conducted by the Nutrition Cluster as a whole, or by individual Nutrition Cluster partners, the NCC should ensure that the information is shared with other clusters and is used appropriately within the Nutrition Cluster;
- **the Nutrition Cluster** to determine if a cluster-level rapid nutrition assessment is needed and feasible at the level of the entire affected area, as opposed to individual partner-led assessments in agency areas of interest. The NCC and the IM manager should build consensus around the most appropriate methodology based on information from the preliminary scenario definition and information needs. They should also ensure that the Nutrition Cluster mobilises adequate

71 Presentation of MUAC results should reflect the sampling that was used, the total number of children screened and the number of children falling into each category of the total screened. The proportion of children falling into each category can also be presented, but should not be referred to as % of GAM. For further details, see Nutrition Updates from the Food Security and Nutrition Analysis Unit (FSNAU), Somalia.

72 WHO and UNICEF. (2009). *WHO Child Growth Standards and the Identification of Severe Acute Malnutrition in Infants and Children. A Joint Statement by the World Health Organization and the United Nations Children's Fund, Geneva*.

human, logistical and financial resources to conduct the rapid assessment. The NCC should also coordinate between Nutrition Cluster partners around the timing of rapid nutrition assessments by individual agencies. In both cases, the NCC can facilitate input into the tools, coordination on implementation timing and the analysis and dissemination of information.

The rapid assessment process for the humanitarian response should ideally be a coordinated inter-agency effort. However, it is likely that individual clusters or agencies may wish to undertake individual rapid assessments in specific locations, outside of and in addition to the cluster-level rapid assessment. Each piece of information and assessment can add value, but assessments should be coordinated, in particular in areas that may be potentially over- or under-assessed.

Information to be collected (sections 3.2.1 and 3.3.1) should:

- ✔ be **relevant** for decision-making of the Nutrition Cluster;
- ✔ be **consistent** with standard measurements/indicators used by the national authority and by OCHA to facilitate inter-cluster coordination;
- ✔ **not duplicate** information collected by other agencies/clusters;
- ✔ be able to be **collected by a non-specialist**, i.e. excluding technical questions that would need to be asked by a nutritionist (except in the case of the rapid nutrition assessment);
- ✔ be **collected and reported at the level** of community. Individual-level information should be kept to a minimum (except in the case of the rapid nutrition assessment);
- ✔ take into account **priority cross-cutting issues**;
- ✔ be **easily compiled** into summary findings, either qualitative or quantitative.

4.4.2 Presentation of rapid assessment information

The specific template for reporting will vary between assessment methods as well as between countries, but it should always:

- ✔ be **brief** so that recipients can read it and respond swiftly;
- ✔ outline the assessment **methodology**, clearly highlighting any assumptions and limitations;
- ✔ ensure that **recommendations** are specific, justified by evidence and prioritised;

✔ be **disseminated** promptly and widely, including to the national authority, the Cluster Lead Agency (CLA), Nutrition Cluster partners, OCHA, other clusters, sub-national clusters and affected communities, and be made available through email, hard copy and web-based copies for public access;

✔ be **translated** where appropriate;

✔ be **consistent** in its use of terminology, standards and indicators;

✔ clearly identify its **status** (e.g. draft, agreed), source, date, contact name and a disclaimer if required.

4.5 COMPREHENSIVE NUTRITION ASSESSMENTS (PHASE 3)

This phase uses cluster-specific tools to conduct more in-depth assessments that build on secondary data, primary data (now including purposive and representative sampling) and data from (re)established monitoring systems. The level of assessment may include community-level, complemented by household- and individual-level, assessment.

For the Nutrition Cluster, this refers to anthropometric nutrition surveys. Such surveys require a large input of time and resources, and should only be conducted in relation to an identified need. Before starting a survey, it is important to identify how the results will be shared and how they will be linked to action if a problem is identified.

Output/product
By the Nutrition Cluster ● Anthropometric nutrition survey response
By the Nutrition Cluster and other clusters ● Inter-cluster reporting and strategic documents.

The purposes of this phase are to:

- **analyse the situation and trends** in order to adjust ongoing responses;
- **inform detailed planning** for humanitarian relief/early recovery, including resource mobilisation;
- **establish a baseline** for operational and strategic/performance monitoring.

4.5.1 What information is needed for an anthropometric nutrition assessment?

Assessments should ideally capture the information needed to develop an effective emergency response. In practice, this tends to rely on the prevalence of acute malnutrition in children aged 6–59 months and on mortality rates. The anthropometric status of children aged 6–59 months is used as a proxy indicator for the nutrition status of the population as a whole, while mortality figures provide critical complementary information. Acute malnutrition is the basic minimum indicator in anthropometric surveys, but underweight and chronic malnutrition can also be estimated, keeping in mind that uncertainties about children's ages will undermine the accuracy of those results.

> **Sphere Minimum Standards: Food security and nutrition assessment standard 2: Nutrition:** Where people are at increased risk of undernutrition, assessments are conducted using internationally accepted methods to understand the type, degree and extent of undernutrition and identify those most affected, those most at risk and the appropriate response.

Undernutrition also includes micronutrient deficiency diseases (MDDs). MDDs are challenging to assess in emergencies, as biochemical testing is often expensive and logistically difficult, while there are few field-friendly methods for clinical assessment. Proxy indicators such as consumption of iodised salt or dietary intake can be included if needed. Global guidance on IYCF indicators[73] has also been used successfully in emergency anthropometric nutrition assessments.

Information that is collected needs to be prioritised in order to avoid overburdening the affected population. Decision-making around specific indicators is a critical area for collaboration for Nutrition Cluster partners and between other clusters. Some information might be available from secondary data or might be collected more efficiently using other types of assessment methodology.[74] Harmonisation of indicators around health, WASH and food security can promote usability of information between clusters, sharing of resources in data collection and analysis and ultimately greater use of the information.

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73 WHO, USAID, AED, FANTA 2, UC Davis, IFPRI, UNICEF (2010). *Indicators for assessing infant and young child feeding practice: Part 2: Measurement*.

74 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 7: Measuring malnutrition: population assessment. Version 2.*

Currently the recommended methodology for data collection for anthropometric nutrition surveys is two-stage cluster sampling. SMART is an inter-agency initiative that was launched in 2002, and is a methodology that standardises and simplifies the collection of high-quality data, in particular anthropometry and mortality data. The SMART methodology[75] has the added value of the Emergency Nutrition Assessment software tool for survey planning (sample size estimates), data entry, automated data analysis and checks on data quality. A survey manual has also been collaboratively developed to be used by field staff with limited epidemiological and statistical knowledge. Since the software cannot explain why children are malnourished or why mortality rates are high, the results of the survey have to be complemented with other information (e.g. discussions with key informants).

Additional resources for anthropometric nutrition surveys include:

- the **Standardized Training Package (STP) for SMART** in English, French and Spanish, released by ACF-Canada;
- the **SMART** online forum, where questions can be posted and responses reviewed;
- **en-net**, a free and open resource that helps give field practitioners access to prompt technical advice for operational challenges when answers are not readily accessible. There is a discussion thread on assessment where questions can be posted and responses reviewed;[76]
- the **Essential Survey Service** (ESS), provided to the nutrition community by ACF-Canada from October 2010 to April 2013.[77]

The ESS supports the principal coordinated nutrition survey in a medium- or large-scale emergency. It works by providing the necessary human resources and, where needed, appropriate financial means for agencies wanting to launch nutrition and mortality surveys using the SMART methodology. Supported by the Assessment Working Group (AWG) of the IASC Global Nutrition Cluster, this is a collaborative project to improve information management and the collection of nutrition information in emergencies. Services include:

- deployable staff and costs for basic survey materials;[78]
- online support for countries that do not qualify for in-country personnel support.[79]

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75 For more information, see **http://www.smartmethodology.org**.

76 For more information, see **http://www.en-net.org.uk**.

77 For more information, see **http://www.actioncontrelafaim.ca**.

78 Please contact Yara Sfeir on **ysfeir@actioncontrelafaim.ca** for further information.

79 For more information, see **http://www.en-net.org.uk**.

Some unresolved technical challenges and limitations in conducting and interpreting anthropometric nutrition surveys remain. These limitations need to be made clear in the discussions around nutrition information with Nutrition Cluster partners, donors and other clusters. Despite these limitations, two-stage cluster sampling anthropometric nutrition surveys are still considered to be the "gold standard".[80]

The NCC and the IM manager should:

- ✔ work with the Nutrition Cluster to determine the **most appropriate methodology, timing and location** for the anthropometric nutrition assessment;
- ✔ **coordinate with other clusters** through the ICCG and the IMWG around the implementation of the anthropometric assessment (e.g. in order to prevent over-assessment in affected areas);
- ✔ liaise with other clusters in order to **incorporate relevant indicators** in a manner that is **standardised between clusters** (e.g. gathering food consumption data in a nutrition survey in the same way that the Food Security Cluster does, addressing cross-cutting issues in data collection);
- ✔ ensure that the Nutrition Cluster mobilises **adequate resources** to conduct the anthropometric assessment;
- ✔ ensure that the **analysis** of findings is based on evidence and reflects the distinct nutritional situation of women, men, girls and boys, and that concrete recommendations are made based on the evidence;
- ✔ **share the analysis** with other clusters and stakeholders, highlighting specific information of interest to other clusters;
- ✔ ensure the **dissemination of the assessment** results to relevant national- and global-level actors, once national authority procedures around the clearance of nutrition information have been addressed.

4.5.2 Presentation of anthropometric nutrition assessment information

Survey reports should include a description of the objectives, methodology and limitations of the survey, as well as its findings and recommendations. Results of the survey should be presented using the more recent WHO Child Growth

80 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 7: Measuring malnutrition: population assessment. Version 2.*

Standards as opposed to the NCHS Growth Reference Population (Box 4.1). The point prevalence and 95% confidence intervals should always be presented, along with information on whether or not there are seasonal trends in wasting. Nutrition indices should be presented as z-scores as opposed to a percentage of the median.[81] Presentation of results by age and gender, and statistical analysis of relative risk between health, WASH and food security indicators and nutrition outcomes, are recommended. Recommendations for programming must be clearly based on evidence. Analysis and recommendations must also take into account the fact that the nutrition status of children aged 6–59 months is seen as a proxy indicator for the nutrition status of the population as a whole. This should be reflected either in terms of specific programming for other age groups or in additional assessments conducted among other age groups.

The NCC should **be familiar with the conceptual frameworks of other clusters** (section 5.4 and Annex 5) and **should engage colleagues** in food security, WASH and health in particular in the analysis process. A common criticism of nutrition survey reports is that they really only describe nutrition outcomes, without adequate analysis of the underlying causes. There is limited global guidance on nutrition causal analysis, but this is a critical component and represents value added to nutrition assessments (Box 4.2).

Programmes **need to be planned to address the underlying causes of undernutrition**; otherwise the overall response will be ineffective. Nutrition responses in emergencies often prioritise the life-saving component through treatment of SAM, with limited resources or capacity to address underlying causes, many of which fall under the responsibility of other clusters. Without comprehensive and convincing analysis, it is challenging for the Nutrition Cluster to mobilise a multi-sectoral response. As a result, the cluster is often questioned as

Box 4.1: Classification of undernutrition[1]

For children aged 6–59 months, the use of the 2006 WHO Child Growth Standards is now recommended over the use of the 1978 NCHS Growth Reference Population in classifying undernutrition.

For children and adolescents aged 5–19 years, use of the 2007 WHO Growth Reference data is recommended for anthropometric assessment.

1 For more information, see **http://www.who.int/childgrowth/en/ and http://www.who.int/growthref/en**.

Box 4.2: Nutrition causal analysis

A nutrition causal analysis (NCA) investigates and presents a multi-sectoral overview of the contributing factors affecting nutritional status within a given community, based on the UNICEF conceptual model of undernutrition. There are a number of documented approaches to conducting NCAs, including those piloted by ACF through the years (an early example is available on the GNC website). At the same time, there is a need to address some shortfalls in available NCA methodologies, in order to strengthen the prioritisation of causes, more fully describe the processes or pathways leading to undernutrition and provide more than a static picture of underlying causes. The objective of an NCA is to improve programming at the community level, not to provide an overall understanding of causes at national level. The NCA method is necessarily multi-sectoral and specific to a local context: causes and pathways will often vary from one livelihood group or from one population to another.[1]

[1] For more information, see **http://www.actioncontrelafaim.ca**.

the emergency progresses as to why nutrition outcomes have not improved, while in reality a holistic multi-sectoral response needs to be mobilised.

The NCC has a **role to play in terms of data quality** for nutrition assessments in general; however, it is important to ensure that this responsibility is presented as a support role as opposed to an enforcing one. Where there are specific nutrition assessment guidelines, these should be reviewed and updated as necessary (section 6.2). Where these standards are not in place, global recommendations (e.g. SMART) should be promoted. The NCC should also encourage the use of plausibility checks to review data quality in all anthropometric nutrition assessments. In the case of either very high or very low prevalence of acute malnutrition, the NCC can propose additional technical support to verify the analysis. Addressing data quality issues throughout the process is essential, as it is tremendously difficult to update results after they have been formally released.

The NCC also has **a role to play in ensuring that national regulations around the dissemination of nutrition information are identified and respected**. In the event that these regulations may unduly delay the results, high-level advocacy with the national authority along with informal coordination within the cluster around the information may be required (see Box 3.4 in section 3.3.2). Issues around dissemination of nutrition information within the country and to the

Box 4.3: Case example of balancing process and output

Coordination around funding and information is challenging – in particular when there is reluctance on the part of the government to release data. For example, a survey done in Pakistan in October 2010 was released only in February 2011. Donors wanted to wait for the report so that they had the evidence for action, but by then it was too late to start a nutrition programme. It must be possible to piece together the information that exists and to reach a consensus around it to endorse the analysis, in order to avoid delays in funding.

international humanitarian community should be formalised in the TOR/SOP for the Nutrition Cluster.

In addition to **dissemination at country level** (to Nutrition Cluster partners, national and local authorities, other clusters, OCHA), it is recommended that the NCC and the Nutrition Cluster **share anthropometric nutrition survey data with the international humanitarian community**. Two initiatives in this area are:

- **the Complex Emergency Database (CE-DAT):**[82] CE-DAT is a global database within the Centre for Research on the Epidemiology of Disasters (CRED). It logs the human impact of conflicts and other complex humanitarian emergencies and serves as a unique source of health indicators for monitoring conflict-affected populations and for the production of trend analysis, impact briefings and policy recommendations;
- **Nutrition Information in Crisis Situations (NICS):**[83] This repository is maintained by the UN Standing Committee on Nutrition (UNSCN). It issues quarterly reports with updates of nutrition situations in various countries (formerly known as Refugee Nutrition Information System (RNIS) reports). Reports are available in print and downloadable in English. There is also a repository of previous results that can be queried.

82 Survey reports should be sent to: **contact@cedat.org**; for more information, see **http://www.cedat.org**.

83 Survey reports should be sent to: **scn@who.org**; for more information, see **http://www.unscn.org**.

4.6 COMPREHENSIVE MULTI-SECTORAL ASSESSMENTS (PHASE 4)

Beyond coordinated assessments within the Nutrition Cluster, the next phase of in-depth assessment generally involves multi-sectoral coordinated assessments using common tools for data collection. In practice this often includes food security, water and sanitation and/or health, and post-conflict/post-disaster needs assessment. It is important to collect information that is relevant to early recovery and contingency planning. Information from this phase should also be able to inform and update transition strategies. Working with the national authority on contingency planning based on these assessments can bring awareness of issues that have not previously been considered.

Output/product
By the Nutrition Cluster and key clusters ● Assessment reports
By OCHA across clusters ● Post-Conflict Needs Assessment (PCNA), Post-Disaster Needs Assessment (PDNA) and recovery framework.

The purposes of this phase are to:

- **contribute to situation and trend analysis**;
- inform the **phasing out of life-sustaining activities**;
- inform detailed **planning for humanitarian relief and early recovery**;
- feed into **performance monitoring**.

4.6.1 What information is needed for a multi-sectoral comprehensive assessment?

There are several options for this level of assessment. The specific ones used will depend on the context of the emergency. The decision concerning the type of methodology should be discussed and agreed upon through the inter-cluster coordination mechanism. Options include:

- nutrition assessment combined with other clusters, such as food security;
- Post-Conflict Needs Assessment (PCNA) and Post-Disaster Needs Assessment (PDNA).

Anthropometric nutrition assessments are sometimes the only household-level cluster assessments undertaken, and they provide an important entry point for humanitarian assessment. The amount of information being requested must be prioritised to avoid assessment fatigue in the affected population, as well as among the surveyors. The combination of anthropometric nutrition assessment with other clusters also provides an opportunity to formally ensure that nutrition outcome data is used by other clusters in their own overall assessment information. There is, however, limited global guidance on multi-sectoral comprehensive assessments, apart from guidance on PCNAs and PDNAs (see below).

The **NCC and the IM manager** should:

- ✔ work with the Nutrition Cluster and other clusters to determine the **appropriate timing and methodology**;
- ✔ ensure that **realistic commitments** are made by Nutrition Cluster partners towards implementing the multi-sectoral comprehensive assessment and that resources are mobilised;
- ✔ **contribute to the analysis and interpretation of the findings**, engaging the entire Nutrition Cluster where relevant;
- ✔ ensure that the **recommendations made are based on evidence**;
- ✔ ensure that the **results are disseminated** to national and global stakeholders once national authority procedures around information clearance have been fulfilled;
- ✔ **incorporate findings into relevant Nutrition Cluster action plans**.

i. Multi-sectoral comprehensive assessments in practice
There is no standard guidance on combining comprehensive nutrition assessments with assessments in other clusters. Where the situation suggests that a multi-sectoral comprehensive assessment is needed, and the capacity is available, the NCC should engage in discussions with other clusters to determine the appropriate clusters, indicators and methodology.

There are some challenges in combining nutrition and food security in assessments, due to differences in sampling (units and sample size), limited guidance on integrated analysis and the fact that trends in food security and nutrition outcome indicators do not necessarily mirror one other. This was one of the reasons presented by the national authority in Sudan for separating the Darfur food and nutrition assessment that had been conducted annually from 2004–07 into two distinct assessments in 2008.

At the same time, there are positive examples from practice (e.g. large-scale assessments in Pakistan and Haiti in 2010 and ongoing assessments under the Food Security and Nutrition Analysis Unit (FSNAU) in Somalia). It is possible for these comprehensive assessments to serve a number of information needs. For example, almost all humanitarian actors and donors active in Somalia rely on the information generated by the FSNAU. At the same time, there can be concerns around more fully integrating the interests of more than one cluster into the assessment. Information collected following the 2006 floods in Ethiopia was successfully used in planning that directly helped to reduce the impact of floods in 2007.

ii.a. Post-Conflict Needs Assessments (PCNAs)[84] are typically conducted by the World Bank and UN agencies in countries emerging from conflict. Assessments are conducted for each cluster and sub-cluster, then validated and used to produce an overview of needs and a 3–5-year recovery action plan (a Transitional Results Matrix). The PCNA guidance, tools and processes are being revised to consolidate the lessons learned from PCNAs conducted in Iraq, Liberia, Haiti, Sudan and Somalia.

ii.b. Post-Disaster Needs Assessment (PDNAs)[85] are a similar tool to the PCNA (in scope and objectives), but are designed for post-natural disaster contexts.

4.6.2 Presentation of multi-sectoral comprehensive assessment information

The specific report format will depend on the methodology used. Presentation of nutrition information should follow guidance provided in other areas in order to ensure its accessibility. Mechanisms and responsibility for dissemination should be defined in the planning stages.

Resources

- J. Darcy and C.A. Hofmann (2003). *According to Need: Needs assessment and decision-making in the humanitarian sector: HPG Report 15*
- IASC (2011). *Needs Assessment Taskforce: Operational Guidance for Coordinated Assessments in Humanitarian Crises*

84 For more information, see **http://www.undg.org/index.cfm?P=144**.

85 For more information, see **http://www.recoveryplatform.org/pdna**.

- IASC (2007). *Cluster/Sector Leadership Training. Tip Sheet – Shared Assessment and Analysis*
- IASC (2007). *Needs Analysis Framework*
- NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 6: Measuring malnutrition: individual assessment. Version 2*; *Module 7: Measuring malnutrition, population assessment. Version 2*; *Module 8: Health assessment and the link with nutrition. Version 2*; *Module 9: Food security assessment and the link with nutrition. Version 2; Module 10: Nutrition information and surveillance systems. Version 1*
- J. Shepherd-Barron (2011). *Clusterwise 2: Needs Assessment*
- The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Disaster Response*
- Standardized Monitoring and Assessment of Relief and Transitions (SMART) (2006). *Measuring Mortality, Nutritional Status, and Food Security in Crisis Situations – SMART Methodology Version 2*

➜ **IASC Needs Assessment Task Force:** **http://ocha.unog.ch/drptoolkit/PNeedsAssessment.html**

➜ **Needs Analysis Framework:** **http://www.icva.ch/doc00002343.doc**

➜ **Integrated Rapid Assessment** materials (aide memoire, field assessment form, data entry tool, guidance note, software use guide) **http://ocha.unog.ch/drptoolkit/PNeedsAssessment.html**

➜ **Integrated Phase Classification**, including resources and tools: **http://www.ipcinfo.org**

➜ **Standardized Monitoring and Assessment of Relief and Transitions (SMART)**: **http://www.smartmethodology.org**

Additional resources: Assessment reports and assessment guidelines can be found on the GNC website at **http://www.unicef.org/nutritioncluster**.

Chapter 5

DEVELOPMENT OF THE NUTRITION CLUSTER RESPONSE STRATEGY

Chapter 5:

DEVELOPMENT OF THE NUTRITION CLUSTER RESPONSE STRATEGY

This chapter provides the Nutrition Cluster Coordinator (NCC) with an overview on how to use the information generated through assessments (Chapter 4), analysis (section 3.4), capacity mapping (section 6.5.3) and IM mapping (section 3.3) to facilitate the development of the Nutrition Cluster response strategy. Special considerations in relation to cross-cutting issues and other clusters are highlighted. In addition, strategy development in relation to early recovery activities and emergency preparedness is outlined. Further guidance on monitoring and evaluation of the Nutrition Cluster response is found in Chapter 9.

5.1	**Developing the Nutrition Cluster response strategy**	• What is the purpose of having a Nutrition Cluster response strategy? • Who is involved?
5.2	**Developing/ updating the Nutrition Cluster response strategy**	• Identify and prioritise nutrition needs and cross-cutting issues • Identify gaps and duplications in Nutrition Cluster capacities and responses • Review planning assumptions • Define the Nutrition Cluster response strategy • Generate commitment from partners to fill gaps and meet needs • Define indicators for monitoring the response • Keep the Nutrition Cluster response strategy alive • Transition strategy • Challenges
5.3	**Cross-cutting issues**	• Gender • Age • HIV and AIDS • Environment
5.4	**Inter-cluster linkages**	• Points in the project cycle for collaboration • Examples of inter-cluster linkages to consider in nutrition

5.5	**Linking emergency response and early recovery**	• What is early recovery? • How can the Nutrition Cluster response strategy incorporate an early recovery approach?
5.6	**Emergency preparedness and contingency planning**	• What is emergency preparedness/contingency planning? • Things to consider in emergency/contingency planning

KEY POINTS

- Definition of a Nutrition Cluster response strategy, including specific objectives and response strategies, is essential for a coherent, coordinated nutrition response in emergencies.
- The Nutrition Cluster response strategy should be based on analysis of the available information, take into account cross-cutting issues, link with other clusters where relevant and take into account priority areas, needs and available capacity. The emergency response should be developed with an early recovery lens.
- Development of the strategy is an iterative process. The level of detail increases with greater access to information and capacity for consultation with relevant stakeholders. Both the coverage and quality of programming should be addressed through the Nutrition Cluster response strategy.
- The transition strategy for the Nutrition Cluster should be discussed at the time the cluster is established in order to have time to strengthen the foundation for coordination beyond the emergency period. The actual activities needed to do so may be revised during the emergency to take into account the changing context.
- In-crisis contingency planning may be required during the nutrition emergency in order to ensure that the response is not interrupted.

5.1 DEVELOPING THE NUTRITION CLUSTER RESPONSE STRATEGY

5.1.1 What is the purpose of having a Nutrition Cluster response strategy?

The Nutrition Cluster response strategy provides the overarching framework for the response to a nutrition emergency. It provides the vision and an inter-agency action plan for a collective, and therefore more comprehensive, evidence-based response. Developing the strategy is a progression, from defining the overarching needs and response to creating space for individual agencies to make links between their own internal planning processes and implementation of the collective response (Figure 5.1). The Nutrition Cluster response strategy should be regularly reviewed and updated to ensure that it remains relevant. Specifically, the response strategy:

- ✔ defines common **objectives**;
- ✔ identifies **priorities**;
- ✔ puts forward a coherent and comprehensive **plan of action**, with clearly allocated **roles and responsibilities**, for achieving these objectives;
- ✔ defines **mechanisms to monitor** its implementation and the collective contribution of Nutrition Cluster partners to the overall nutrition response.

A **national nutrition policy or emergency response strategy** document outlining nutrition programming needs and plans for emergency response may already exist. However, such a document may not be relevant in the circumstances of a specific emergency. If a nutrition response strategy does exist, it should be reviewed to ensure that it is relevant to the specific emergency and that it reflects an inter-agency plan of action to address current needs and capacity.

If a Nutrition Cluster response strategy **does not already exist**, then it should be developed through consultation with Nutrition Cluster partners and relevant actors in the humanitarian response. The response strategy should include an outline of joint contingency plans for response to future events that might affect the population's nutrition status or the response activities of partners.

The Nutrition Cluster response strategy helps to strengthen the overall response by promoting:

- **effective response:** working together in a planned and coordinated way will result in a more coherent and therefore more effective and more comprehensive

response to address nutrition issues, while helping to ensure that there are no gaps or duplications of effort;

- **innovative responses:** the process of developing the strategy, bringing all relevant actors together to identify shared objectives and mutual strengths, can also help in finding creative ways of overcoming obstacles;
- **sustainability:** avoiding gaps and addressing overarching nutrition issues together with local and national counterparts help to ensure the sustainability of the response;
- **access to resources:** raising funds for nutrition activities can be more effective when agencies approach donors together and present shared objectives. The response strategy often forms part of the inter-agency planning or fundraising process, such as the Consolidated Appeals Process (CAP);
- **measurement of impact:** measuring the impact of nutrition interventions in a short time span is difficult, but setting benchmarks or indicators can help to evaluate how the nutrition response has improved the situation, and if the interventions are appropriate;
- **continuity:** a strategy can help to ensure continuity in an operation, especially in situations where there is a high turnover of staff.

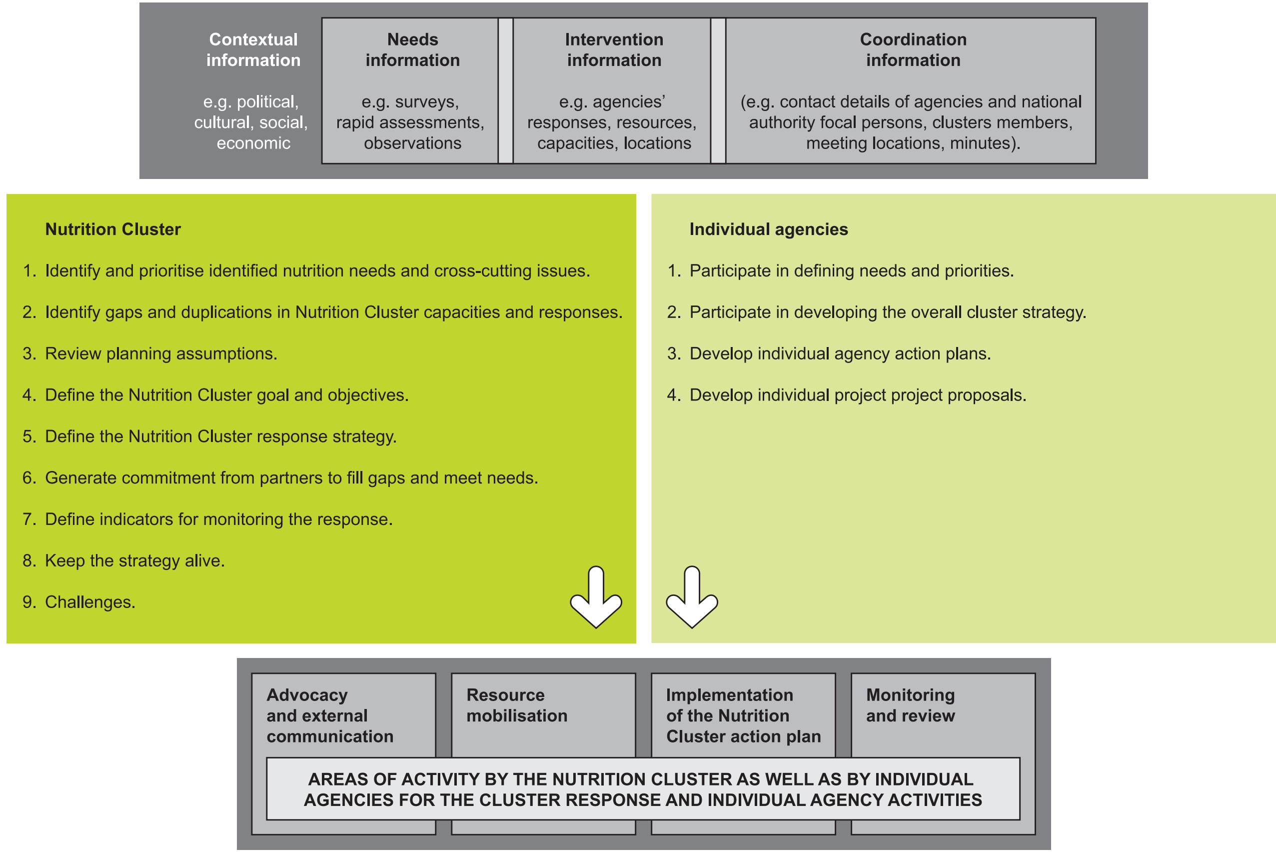
The implementation of the emergency response falls into four main areas of activity. These four areas of activity are undertaken by the Nutrition Cluster as a whole, as well as by individual agencies in relation to their own programming:

- advocacy and external communication (see Chapter 7);
- implementation in line with capacity and standards (see Chapter 6);
- resource mobilisation (see Chapter 8);
- monitoring and evaluation (see Chapter 9).

5.1.2 Who is involved?

The specific activities involved in developing the response strategy will depend on many factors, e.g. whether or not there is a pre-existing coordination structure; if there was a nutrition sector strategy in place prior to the emergency; if contingency planning and emergency preparedness activities have been undertaken; whether or not there is a dedicated NCC in place; the number of relevant partners involved in the response; whether or not communication is possible with partners during

Figure 5.1: Overview of steps in developing the Nutrition Cluster response strategy



the emergency period; etc. In order to ensure appropriate identification of needs and the most effective and comprehensive response, all relevant Nutrition Cluster stakeholders in-country should be included to the best extent possible (section 2.1.1). Very broadly:

- **The NCC** facilitates the development and updating of the Nutrition Cluster response strategy with the Nutrition Cluster in a way that has clear quality control and review mechanisms. The NCC also liaises with other clusters and focal points for cross-cutting issues in order to ensure that inter-cluster linkages and cross-cutting issues are identified and addressed.
- **Nutrition Cluster partners** contribute information and ideas for the Nutrition Cluster response strategy. At the same time, they define their own agency-level action plans and outline their contributions to the cluster-wide response strategy.

Working through a Strategic Advisory Group (SAG) or, in some cases, a dedicated Technical Working Group (TWG) is an effective way to ensure that the process is collaborative and effective (section 2.2.2). If the national authority is not directly involved with the development of the Nutrition Cluster response strategy, it is essential that it is extensively consulted or informed, depending on its level of engagement with the cluster. The Nutrition Cluster response strategy should also reflect the view of the affected community to the best degree possible, though in practice this can be hard to ensure during an emergency. In practice, participation in the process often increases as the emergency evolves and partners are identified, working relationships develop and assessment information is gathered (Chapter 4).

5.2 DEVELOPING/UPDATING THE NUTRITION CLUSTER RESPONSE STRATEGY

The broad steps below[86] outline issues to be addressed in developing a Nutrition Cluster response strategy. The steps can also guide the review and updating of any pre-existing/active Nutrition Cluster response strategies to ensure that they remain relevant.

86 Drawn from Global WASH Cluster (2009). *Water, Sanitation and Hygiene (WASH) Cluster Coordination Handbook: A practical guide for all those involved in the Water, Sanitation and Hygiene Cluster.*

5.2.1 Identify and prioritise nutrition needs and cross-cutting issues

The first step is to broadly define existing needs as a result of the emergency, based on the information available on context, needs and interventions through a review of secondary data such as needs analysis (section 3.4) and preliminary scenario definition (section 4.3). The process of identifying needs should include consideration of cross-cutting issues (section 5.3). Policies, guidelines and strategies that are already in place at national level should also be reviewed.

Identified needs are then prioritised. The purpose of prioritisation is to ensure that Nutrition Cluster action is focused on the most pressing needs for the greatest number of affected people, while targeting the particular needs of the most vulnerable. Whether prioritisation can be done for the overall response, or on a location-by-location basis, will depend on the context and the type of emergency. Prioritisation will be challenging as most identified needs, particularly in the early response, will be priorities (Box 5.1). Based on the preliminary assessment findings, the focus should be on immediate needs and hazards, and on the most vulnerable people and needs that can be addressed with the means available.

Things to consider include:

- ✔ establishing **how many** people have been affected, **where** they have come from and their current locations;
- ✔ identifying whether a **problem is pre-existing or a result of the crisis**, and when it began;
- ✔ **ranking needs in order of severity** based, typically, on 3–5 critical issues, e.g.:
  - What is the risk of increased mortality or morbidity if this problem is not addressed?
  - What proportion(s) of the total affected population(s) and most vulnerable groups are affected by this problem?
  - What are the current coping strategies and forms of assistance, and how long can these be sustained?
  - What are the anticipated threats and risks over the coming months, and how will these affect the problem identified?
  - Are the resources and means (transport, etc.) available (or in the pipeline) to address this problem or need?
- ✔ comparing the outcomes and **selecting priorities** accordingly.

Box 5.1: Minimum considerations in response to a nutrition emergency

Each nutrition emergency is context-specific, with different direct, underlying and base causes of malnutrition. There is no one nutrition response strategy that is applicable in all circumstances, since response strategies depend on an analysis of the scale of needs and of the response capacity. The Sphere Minimum Standards outline minimum targets of service provision and access to humanitarian services, which provide a starting point for planning humanitarian response. Other frameworks that may be relevant (though developed in non-emergency situations) include the nutrition interventions outlined under the 2008 Lancet series,[1] the 2008 Copenhagen Consensus, the REACH initiative and the Scaling Up Nutrition (SUN) movement.

Traditional emergency nutrition programming includes assessment at the individual and population levels (rapid mid-upper arm circumference (MUAC) assessments, anthropometric nutrition surveys, nutrition surveillance), correction of malnutrition (targeted supplementary feeding, management of severe acute malnutrition (SAM), treatment of micronutrient deficiency diseases (MDDs)) and prevention of malnutrition (e.g. promotion of infant and young child feeding (IYCF), nutrition education, blanket supplementary feeding, fortification and supplementation of micronutrients). These categories of programme activity are not necessarily relevant in every emergency, and their use should be based on adequate analysis.

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[1] Z. Bhutta et al. (2008). *What works? Interventions for maternal and child undernutrition and survival. The Lancet*. 2 February 2008; 371 (9610): 417-40.

5.2.2 Identify gaps and duplications in Nutrition Cluster capacities and responses

It is critical to generate a picture of available capacity on the ground, based on information about partners and programmes. Practically, this can include presenting information in an Excel table or in a map format, which is then overlaid with needs, in order to determine where there are duplications or gaps in response capacity. Information can be drawn from:

- Who, What, Where (When) (3W/4W) information (section 3.5.3);
- capacity analysis (sections 3.4 and 6.5.3).

5.2.3 Review planning assumptions

Planning assumptions are aspects of the current situation or its future development which are treated as fact when, in reality, they are quite uncertain. When assumptions have been made, this should be made explicit and documented within the Nutrition Cluster response strategy. In practice, planning assumptions may be elaborated across clusters under the Resident Coordinator (RC)/ Humanitarian Coordinator (HC), while in other cases they may be developed within individual clusters.

Some planning assumptions may be based on information provided by others outside of the Nutrition Cluster, e.g. size of the affected population(s), proportion of women, men, girls and boys affected, levels of household food security, etc. Additional assumptions may be made around Nutrition Cluster capacity and the suitability of technical solutions or methodologies, e.g. based on previous experience or similar contexts. Errors commonly occur in making assumptions about:

- the **cause(s)** of observed problems;
- the **interests of different stakeholders**, particularly those who are not party to decision-making;
- **available capacities** (or lack thereof) to respond.

Planning assumptions should be kept as accurate as possible by ensuring adequate capacity in information management (IM – for 3W/4W information, pre-crisis information, etc.) and by using available assessment information. Inaccuracies will limit the effectiveness and impact of Nutrition Cluster actions. Planning assumptions should be reviewed as part of the ongoing Nutrition Cluster monitoring and review process.

5.2.4 Define the Nutrition Cluster response strategy

Based on the prioritised needs, the Nutrition Cluster should formulate the goal (or aim) of its response strategy. This is a broad statement of the overarching end to which effort is directed. The cluster then needs to break that goal down into specific, detailed objectives. An objective can be defined as an expected outcome or result. Objectives represent the purpose that individual projects implemented by Nutrition Cluster partners will be seeking to address. Objectives must:

✔ be **SMART** = **S**pecific + **M**easurable + **A**chievable + **R**ealistic + **T**ime-bound;

- ✔ address the priority problems and needs identified, with attention to life-threatening issues;
- ✔ be tailored to particular phases or aspects of the response within the planning period;
- ✔ take account of context, security and access, resource availability, local capacity building and early recovery, and prioritised cross-cutting concerns;
- ✔ relate to community needs and interests, rather than external operational goals;
- ✔ relate to relevant national-level objectives.

Box 5.2: Examples of Nutrition Cluster response strategy objectives

Nutrition Cluster objectives tend to fall into several broad categories. Examples of objectives used in practice are given below, showing the variation in specificity of language and also demonstrating how there can be several different ways to formulate the objectives themselves.

Treatment of SAM, moderate acute malnutrition (MAM) and MDDs

- Provide nutritional support and treatment for malnourished children under five (U5), pregnant and lactating women and elderly people among the affected population through community-based and facility-based programmes.
- Contribute to the overall reduction of global acute malnutrition (GAM) to less than 15% (emergency threshold level) and manage acute malnutrition among U5 children and other vulnerable groups in internally displaced person (IDP)/host communities and returnee populations.
- Improve access to an acceptable quality of care and treatment of acute malnutrition for nutritionally vulnerable populations.
- Contribute to the reduction of morbidity and mortality by managing acute malnutrition as per national standards at community and health facility levels for affected populations, including poor urban populations.

Prevention of SAM, MAM and MDDs

- Avert deterioration of the nutrition status of children and mothers through preventive nutrition interventions at health facility and community levels.
- Promote optimal IYCF practices through training/orientation of care providers, social mobilisation and nutrition education.

- Prevent MDDs (night blindness, anaemia, goitre) among boys and girls under five through the provision of Vitamin A, multiple micronutrient supplementations and deworming.

Information systems and surveillance

- Strengthen monitoring systems and establish IM systems to maximise programme effectiveness and inform programme design and advocacy through regular cluster functioning, surveys and surveillance systems.
- Strengthen nutrition information and surveillance systems for improved monitoring as well as decision-making and timely response.
- Make available updated nutrition information through evaluations, surveys and routine data analysis.

Capacity building and coordination

- Strengthen local capacity and provide appropriate resources to initiate integration of nutrition interventions into primary health care.
- Support maternal and child nutrition through improved knowledge and skills of professionals at hospitals and health centres on optimal IYCF practices and maternal nutrition, including IYCF in the context of HIV/AIDS.
- Strengthen coordination mechanisms and partnerships as well as integration of the emergency nutrition response with programmes addressing the underlying causes of malnutrition (including health, maternal and child care practices, food security, water and sanitation).
- Strengthen the capacity of the national Ministry of Health (MOH) and partners to identify, prepare for, respond to and mitigate nutrition emergencies.
- Strengthen technical and operational capacities to improve prevention and management of malnutrition.

At the same time it is important to ensure that the objectives are reviewed with a lens that is sensitive to cross-cutting issues. For example, the Inter-Agency Standing Committee (IASC)'s Gender Marker tool[1] suggests that, instead of talking about "children", terms such as "girls and boys", "gender-responsive programmes" or "programmes that meet their specific needs" should be used.

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1 For more information, see **http://www.humanitarianresponse.info/themes/gender**.

The document setting out the Nutrition Cluster response strategy (Table 5.1) should provide a **concise analysis of the situation**, present the **objectives** for each main area of intervention and the **response strategies proposed**, highlight the **operational constraints** and **cross-cutting** and **inter-sectoral concerns** that have been identified as being particularly important and a rationale explaining, concisely, the justification for the priorities and chosen strategies. In addition, since humanitarian crises, particularly armed conflicts, are volatile, the response strategy may need to incorporate **in-crisis contingency planning** (section 5.6). This may be presented as a stand-alone section in the document, or it may be mainstreamed into the overall document. The document should be accessible, with clear and simple language and limited use of jargon, and should be available in the language of coordination and the national language. The preliminary version may be short, with greater detail set out in subsequent versions (section 5.2.7). Some **examples of Nutrition Cluster response strategies** can be found on the GNC website.

Table 5.1: Outline for a Nutrition Cluster response strategy

Introduction and situation analysis	The introduction should provide the **background**, outlining the relevant facts that have led to the existing humanitarian crisis and triggered the development of a Nutrition Cluster response strategy. The background should include context information from the pre-emergency situation. It should include a **situation analysis** summarising the findings of analyses and assessment, needs and capacity, as well as the range of stakeholders (section 3.4). It should present a **prioritised list of the main problems** and their underlying causes, and outline **possible scenarios** in order to elaborate on the best, worst and most likely scenarios in a given context. The introduction should answer the following questions: ✔ What are the key driving factors and key outcome issues? ✔ What special considerations need to be taken into account in this context? ✔ What are the existing legal, policy-level and technical guidance-level frameworks within nutrition, and in sectors related to nutrition? ✔ What are the priority needs and on what basis have they been decided?
Guiding principles for the Nutrition Cluster response	The response should be led by a wide range of guiding principles, which should be formally elaborated. This includes **global-level** frameworks, such as Sphere; the **national policy framework**, including existing country- or regional-level emergency preparedness and response plans; and **broad planning assumptions**.
Goal (aim) of the Nutrition Cluster response	A broad statement of the end that the Nutrition Cluster wishes to reach.
Objectives of the Nutrition Cluster response	The expected outcomes or results that the individual projects planned by Nutrition Cluster partners will be seeking to address. In practice there are generally 3–5 objectives.

Table 5.1: Outline for a Nutrition Cluster response strategy

Response strategies and action plan	Response strategies set out the specific methods or approaches taken to address agreed priorities and objectives in the cluster. The action plan defines the roles and responsibilities of key actors and indicates the capacities available in undertaking the strategy. This section should outline the prioritisation process and criteria; activities, including geographic areas, populations covered and responsibilities for activities; expected outcomes; community involvement; and operational constraints. This section should answer the following questions: ✔ What proportion of the affected population(s) can be supported through this response strategy? To what extent will the most urgent needs be addressed, and within what timeframe? ✔ Which groups or locations will not be assisted? To what extent are the particular needs of the most vulnerable people being addressed? ✔ Who is already responding or is able to respond, where, and in relation to which priorities? What other local capacities will be drawn on, and with what additional technical, financial or material support? What additional expertise is required and where is it being sourced? ✔ How are cultural or social issues being taken into account (e.g. division of tasks between mothers and fathers in relation to child care and nutrition, specific barriers that might hamper women's access to nutrition services, gender dimensions of malnutrition, rights and protection of women and children, role and organisation of civil society, language)? ✔ How are political considerations and barriers being addressed (e.g. land and water access, political influence, international support for the crisis)? ✔ To what extent is the response strategy aligned with or responding to national guiding policies and regulations (e.g. crisis management or contingency plans, national standards)? ✔ What are the physical constraints that the response strategy needs to overcome (e.g. damage to infrastructure, climate, etc.)? ✔ What are the security issues and political constraints, and how are these being addressed? ✔ What are the risks of dependency and how are these being mitigated? ✔ What longer-term recovery requirements are being addressed? What are the ongoing threats to, and specific vulnerabilities of, the affected population(s), and how are these being addressed?
Standards	This section should outline the technical standards and guidelines for programmes that are included in the response strategy. It should also incorporate commitments by Nutrition Cluster partners to these standards.
Capacity building and capacity development	This section should outline key gaps in capacity and outline activities based on available evidence. It should clarify the targets, objectives and activities required for individual (capacity building) and institutional (capacity development) action. This may not be well developed in initial versions, but it should be addressed in subsequent versions (section 5.2.7).
Inter-sectoral linkages	This section should outline the practical aspects of what linkages are being made across clusters, where, how, why and with whom. The mechanism for collaboration should also be outlined.

Table 5.1: Outline for a Nutrition Cluster response strategy

Incorporation of cross-cutting issues	This section should outline which issues are being addressed and how, specifically, they will be addressed. The cluster response plan should at a minimum state how the distinct needs of **all** segments of the population (girls, boys, women and men) will be considered and addressed.
Coordination management	The content of this section will depend on whether or not there are Terms of Reference (TOR) or Standard Operating Procedures (SOP) for the cluster already in place. It can include: ● the governance structure for the Nutrition Cluster (e.g. summarising the TOR/SOP, including an organogram outlining reporting and communication lines); ● technical assistance: current needs, current plans to meet them; ● information management, and reference to any IM data standards, guidelines and agreements around nutrition information clearance and dissemination.
Transition strategies	This section should outline the specific activities required to establish or strengthen appropriate capacity and systems to ensure continuity in services and capacity to respond in future emergencies. It should include milestones and activities, e.g. benchmarks to indicate what needs to be done, and when, in order to prepare for and deliver the transition (section 5.2.8). This may not be well developed in initial versions, but should be addressed in subsequent versions.
Monitoring performance	This section outlines indicators for output and monitoring, which are related to reporting on the Nutrition Cluster response. In addition, it should outline plans and processes for evaluations and lesson learning, and the role of partners in monitoring and evaluation (M&E).
Costs	It may be necessary to include the total cost/estimated cost of implementing the strategy, particularly when additional funds need to be raised. This section should answer the following questions: ✔ What financial and material resources are actually available on the ground? ✔ What additional resources are required and how can they be mobilised rapidly and effectively, given the priorities and constraints? The plan should be based on needs rather than on existing or expected funds (though with clear boundaries as to what constitutes a humanitarian need, and requesting only funds for which there is capacity to implement activities).
Additional references	This section should include relevant definitions, guidelines and documents.

Response strategies are linked to partner capacity. There may be a need to balance the operational response with focused capacity building and training and/or development of simple guidelines for partners in nutrition or other clusters to ensure a holistic response. The cluster should draw on experience in previous crises in the same area or among similar populations in neighbouring countries. If actions are proposed on the basis of experiences outside of this context, the NCC should ensure a thorough analysis of the differences as well as the similarities

between the two contexts. What has worked (or failed) in one context will not necessarily work (or fail) in another.

The suitability of response strategies may be short-lived in a rapidly changing environment, and strategies should be reviewed regularly. They should:

- ✔ **be appropriate** – strategies that will achieve the defined objectives while minimising any potential negative effects (especially in a conflict situation), within the required timeframe;
- ✔ **be feasible**, e.g. the necessary financial, human and material resources are available, all physical and security constraints can be overcome, and the strategy is politically and culturally acceptable;
- ✔ **build on local structures and enhance local capacities** wherever possible. The cluster should aim to build on what is already there, even if it is not perfect, and incorporate ways to establish, promote and adhere to technical standards and strengthen capacity (Chapter 6);
- ✔ **focus** on ensuring the **delivery of essential services initially, and plan to broaden the scope when essential services have been assured**. It is easier to scale up the provision of nutrition services than to scale it down;
- ✔ **be prioritised:** when resources are insufficient to meet all needs, as is almost always the case, **effort and resources should be concentrated where they can make a difference**. Diluting scarce resources can be ineffective;
- ✔ **take into account seasonal variations** and their usual effects on disease patterns and service delivery and access. This includes rainy and lean seasons, and seasonal upsurges in violence in some complex emergencies;
- ✔ **be considered within a longer-term perspective**, with an early recovery lens, so that short-term action to save lives does not undermine longer-term programming or national structures. To the best extent possible, response strategies should contribute to "building back better", e.g. ensuring an appropriate, sustainable system for identifying, preventing and treating undernutrition; building preparedness systems and capacity to deal with future crises; and instituting measures to reduce vulnerability.

It is important to take steps to ensure **adequate geographic coverage** of the response. This includes verification of where gaps exist, and making plans as best possible to address them in the short term, while keeping in mind the potential longer-term implications of these measures. In practice this can include:

Box 5.3: Filling gaps and involving the community

There is a tendency to consider community involvement only in terms of implementation. This can cause misunderstanding and resentment, and can limit the potential for effective early recovery, capacity building or emergency preparedness.

- ✔ Consider community capacities for filling gaps.
- ✔ Facilitate and support community proposals for addressing agreed nutrition priorities.
- ✔ Identify an active role that the community can play in establishing and monitoring realistic indicators.

- ✔ **overlaying** assessment (Chapter 4) and capacity mapping (section 6.5.3) information;
- ✔ presenting the findings in **visual format** to help interpretation, e.g. maps;
- ✔ colour-coding geographic areas to **highlight areas of greatest need**;
- ✔ **matching** relevant needs to the focus of implementing agencies in each locality, e.g. agencies mandated to work with particular groups, or with particular expertise or capacities, such as breastfeeding counselling or treatment of MAM;
- ✔ in locations that appear to be covered, ensuring that implementing agencies have the necessary financial, human and material **resources to meet the scale** of anticipated needs.

It is also important to put in place measures to ensure **adequate quality of programming**. This can include promoting the use of existing technical standards, if they are updated and in line with global guidance; developing technical standards, broad-based training and capacity-building activities based on an understanding of capacity gaps; and supportive supervision, mentoring and partnership between those contributing to the overall response in nutrition (section 6.5.4). This also relates to establishing clear indicators for monitoring and evaluation of the response (Chapter 9).

There may be gaps and conflicting information in relation to specific needs when the Nutrition Cluster response strategy is developed. It is important that the NCC focuses not on clarifying every specific detail but rather **focuses on the major issues**, based on available information and reasonable inferences. The

latter stages of Nutrition Cluster response planning may run alongside a more comprehensive assessment process that can address these information gaps.

In some situations it may be possible to define, and agree, from the outset a phased plan to address a particular problem. In many cases, especially where there are conflicting perspectives and pressures, it is necessary to adopt an **incremental approach** and proceed gradually towards the goals set, taking into account the resistance and opportunities that emerge during the process. This involves getting consensus on **intermediate** objectives, achieving these, and then moving to a higher objective as soon as the context is conducive. Good monitoring, and perhaps a real-time evaluation (section 9.2.5), is essential to track intermediate outcomes and to facilitate agreement on the next, follow-on phase.

The Nutrition Cluster response strategy should be **tailored to the context**, including the context of the type of emergency and how it may change, e.g. due to underlying socio-economic conditions.

- **Complex emergencies** are caused by conflict, often armed and nearly always politically based. They are characterised by intermittent periods of major and then minor violence. Complex emergencies can be divided into different phases of acute conflict, chronic instability and post-war restoration. In practice, the phases are likely to overlap and are not necessarily chronological.
- **Natural disasters** are caused by a range of events, including earthquakes, floods, hurricanes, droughts, blizzards, landslides and cyclones. Certain locations are at greater risk, due to their geography, environmental degradation or high levels of poverty, which render them more vulnerable to the impact of natural disasters and less able to cope with the effects. The problems that arise in the initial devastating phase of a natural disaster are different from those faced in the recovery and reconstruction stages.

The general process for developing the Nutrition Cluster response strategy (e.g. inclusion, participation, using available evidence, etc.) remains the same across different contexts. For additional resources, see:

- Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP), Provention Consortium (2008). *Responding to Earthquakes 2008: Learning from earthquake relief and recovery operations*
- ALNAP, Provention Consortium (2008). *Flood Disasters: Learning from previous relief and recovery operations*

- ALNAP, Provention Consortium (2008). *Cyclone Nargis: Lessons for operational agencies*
- ALNAP, Provention Consortium (2009). *Deepening Crisis in Gaza: Lessons for operational agencies*
- ALNAP, Provention Consortium (2007). *Slow-Onset Disasters: Drought and food and livelihoods insecurity: learning from previous relief and recovery responses*
- ALNAP, Provention Consortium (2009). *Responding to Urban Disasters*
- IASC (2010). Meeting Humanitarian Challenges in Urban Areas

5.2.5 Generate commitment from partners to fill gaps and meet needs

The potential geographic and technical gaps in the response should be made clear by overlaying information on needs onto the information on partner presence (3W/4W information) and capacity (capacity mapping information – section 6.5.3). Where there are gaps that are prioritised for the response, partners should be encouraged to explore if, and how, they can address these gaps through their own individual agency plans.

A response strategy is useful only if it guides the implementation of response activities. If the consultation process is adequate, potential conflicts, issues or different points of view will already have been identified and addressed. Specific commitments, roles and responsibilities of partners should be outlined in the response strategy's action plan, and reviewed as the response progresses.

The NCC should make every effort to ensure that relevant nutrition actors who do not actively participate in the Nutrition Cluster mechanism are informed of the activities and aims of the cluster's response strategy. The NCC can share information bilaterally to ensure that planning by the Nutrition Cluster and by individual agencies does not lead to duplications or gaps in activities. Some issues that may arise in the implementation of the response strategy, and ways to address them, are summarised in Table 5.2.

Table 5.2: Issues in implementation of the Nutrition Cluster strategy

Issue	Points to consider
An organisation has said that it will start a programme, so this is **classified as pending** in capacity mapping and planning, but the programme has not yet started. *Or* **A partner** has committed to carry out a specific activity, but **has not developed a project sheet for the UN and partners' workplan**.	✔ Discussions around who will do what in the response strategy should be combined with concrete discussions around available capacity and the feasibility of the commitments that are being made. If they are unrealistic, then alternatives should be sought. ✔ If an agency has not started programming, the NCC should hold bilateral discussions to identify the underlying reasons, and discuss with the agency and the Nutrition Cluster how best to address the gap. Agencies should not be allowed to "claim" geographic areas for activity if this undermines the objective of the nutrition response. ✔ The NCC should be in touch with the agency focal point, encourage submission of a project sheet and address capacity gaps in preparation if possible.
The Cluster Lead Agency (CLA) **is not fulfilling its commitment** to implementation.	✔ The NCC should work with the CLA to identify the underlying reasons and alternatives to address the gap. Where necessary and appropriate, discussions may also take place with other cluster leads in the CLA, within the Inter-Cluster Coordination Group (ICCG) and with the RC/HC. Where additional advocacy support is needed, the Global Nutrition Cluster Coordination Team (GNC-CT) can be contacted. ✔ The Nutrition Cluster is the appropriate forum to identify issues that are not being adequately addressed and to come up with collective feedback for the CLA. Collective review of monitoring information is an objective way to highlight gaps that need to be addressed by the CLA, as well as by other partners.
A **partner wants to change its commitment to implementation**, but this will affect other aspects of the response.	✔ The potential impact of this change should be clearly defined, along with the reasons for the proposed change, in order to identify ways to address the gap through discussion within the Nutrition Cluster. ✔ The NCC should ascertain if other agencies are able to take on that commitment.
A partner has developed a **project sheet but it does not reflect the common vision** for the Nutrition Cluster response.	✔ The NCC does not regulate partner activities, as agencies have their own mandates and limitations. At the same time, however, the NCC has a role to play in promoting quality in the Nutrition Cluster response, and will have access to project sheets as they are submitted. If the partner agency has committed in some form to the Nutrition Cluster response but this is not reflected in the project sheet, the NCC can give constructive feedback to the agency to take on board if it so chooses. Advocacy skills are essential.

In the event that critical gaps persist despite every effort to mobilise resources within the Nutrition Cluster to address them, the CLA may need to consider acting as the provider of last report (POLR) (section 10.3.6). Acting as POLR is contingent upon access, security and funding. It may entail providing technical, financial, operational or supply and equipment resources. It may also entail delivering programming that is not within the standard portfolio of the CLA.

There are no clear triggers for activating the POLR function, no standardised global system for monitoring where and under what conditions the POLR function has previously been engaged[87] and no systematic lesson learning around acting as POLR. The function has been used on very few occasions in the Nutrition Cluster, but the following are two examples:

- In 2009, following the expulsion of six international NGOs delivering nutrition programming in Darfur, UNICEF stepped in to provide financial and technical support to staff from affected NGOs to ensure that services to detect and treat MAM and SAM were available through the hunger gap. In the final quarter of the year, UNICEF worked very closely with the MOH to devise a way to standardise staffing levels and pay scales in order to integrate staff into MOH-supported services.
- In Somalia in 2011, UNICEF took on a larger role in coordinating support of supplementary feeding programmes (SFPs) in areas where the World Food Programme (WFP) was unable to operate. In this case, the authority controlling part of the affected area refused to allow WFP to operate there, even though the agency has the global mandate to carry out the specific programmes needed.

5.2.6 Define indicators for monitoring the response

Indicators for the Nutrition Cluster response strategy need to be developed in order to establish whether the objectives have been achieved and, if so, how they have been achieved.

While there are many things that can be measured, indicators need to be realistic in terms of **operational importance and ease of collection of quality data** (section 3.2.1). Indicators are often quantitative, though it is also important to incorporate qualitative information into M&E of the response. In many cases, proxy indicators or output indicators are incorporated (e.g. the number of children receiving Vitamin A, as opposed to biochemical Vitamin A status). Indicators should:

87 OCHA has information on clusters that have been activated, while the GNC-CT has an updated list of clusters that have been activated.

- ✔ **draw on the Sphere Minimum Standards** as the basis for determining appropriate parameters; the Sphere indicators may need to be adjusted as appropriate to the local context (and should always be read in conjunction with the Sphere guidance notes);
- ✔ **draw on the key humanitarian indicators**[88] that have been identified by global clusters and are available for use by country teams to create a composite and up-to-date picture of the humanitarian situation;
- ✔ be collected and reported **using sex- and age-disaggregated data** (SADD) if possible;
- ✔ be able to give an idea of **overall outputs as well as unmet needs**;
- ✔ **link in or align** with the indicators established within other clusters, where relevant.

5.2.7 Keep the Nutrition Cluster response strategy alive

The Nutrition Cluster response strategy document will go through many different versions, as time for consultation increases and the information available improves (Table 5.3). The NCC is responsible for facilitating the process of development and updating of the response strategy.

88 For more information, see **http://oneresponse.info/resources/NeedsAssessment/Pages/Indicators and Guidance.aspx.**

Table 5.3: Versions of development of the Nutrition Cluster response strategy

Version	Points to consider in the process	Content to consider
Version 1 Developed during the first few days of an acute-onset emergency and as planned during a slow-onset/ chronic emergency. Forms the basis for the Flash Appeal or Central Emergency Response Fund (CERF) funding (sections 8.2.1 and 8.2.2).	The first version of the response strategy needs to be developed quickly. It sets priorities for the first 3–4 weeks of an emergency. ✔ Review the nutrition sector contingency planning, policy and strategy (if they exist), adjusting objectives and strategies to the initial working scenario. Ensure that these are linked and/or compatible with existing national policy and strategy, to the degree possible, based on available information. ✔ Where these do not exist, develop initial objectives and strategies (as above, sections 5.2.1 to 5.2.8).	Prepare a very concise statement of: ✔ the **overall aim** of the Nutrition Cluster response; ✔ the **priority problems** identified, **assumptions** made and **overall objectives** for addressing problems during the initial plan period (perhaps one month); ✔ the **analysis and rationale** for the targeting of initial programming, reflecting gender, age and cross-cluster analysis to the extent possible; ✔ the **specific objectives for that period**; ✔ the **principal response strategies** to be applied; ✔ an initial indication of the **main actors and who will do what**, **where;** ✔ **the principal gaps** (uncovered priority needs/activities), where known. These points should be discussed with other clusters through the ICCG.

Table 5.3: Versions of development of the Nutrition Cluster response strategy

Version	Points to consider in the process	Content to consider
Version 2 Developed once the initial assessment (Phases 1 and 2) is under way or completed. Forms the basis for advocacy, implementation and further resource mobilisation, e.g. revised Flash Appeal and Consolidated Appeals Process (CAP) (section 8.2.3).	✔ The second version incorporates information from initial assessments. It outlines priorities for the coming 2–6 months. ✔ Include both continuing humanitarian response and a progressively increasing focus on recovery. Take account of foreseeable seasonal variations and the expected evolution of the overall situation. ✔ Include projects/activities to consolidate or enhance, where needed, the capacity to assure and manage nutrition information and facilitate coordination, while working to progressively reduce dependence on external assistance, as and when possible. ✔ Re-examine the defined objectives and strategies at regular intervals in the context of periodic progress reviews. Check whether they are still appropriate and realistic. Revise/refine them if and when necessary in agreement with all concerned stakeholders. ✔ Review assessment information and planned activities to ensure that they take into account cross-cutting issues such as age and gender, and that they also make appropriate cross-cluster linkages. ✔ Prepare contingency plans for events (contingencies) that could affect the nutrition status of the population and/or the ongoing humanitarian assistance operations of Nutrition Cluster actors during the coming months. ✔ Conduct consultations with affected populations and other sectors and incorporate findings, where relevant and feasible, into the strategy.	This is a more comprehensive document. Key areas to address are discussed in section 5.2.6, though the detail will depend on the information available and the type/scale of emergency. This version should be shared and discussed with other clusters through the ICCG. The document should be reviewed and developed through the Nutrition Cluster mechanism in consultation with relevant coordination bodies in the nutrition sector. With more time, additional attention should be given to identifying and addressing inter-sectoral and cross-cutting issues.

Table 5.3: Versions of development of the Nutrition Cluster response strategy		
Version	**Points to consider in the process**	**Content to consider**
Version 2+ Done at regular intervals, following major changes in the operational context, additional relevant assessment information and M&E of the nutrition response. Forms the basis for advocacy, implementation and further resource mobilisation, e.g. CAP, bilateral funding, etc. (section 8.2).	✔ Further versions should refine priorities for the most relevant timeframe, depending on the potential duration of the emergency phase. ✔ Review the response strategy and the progress/relevance of activities implemented, and make adjustments as needed, ensuring that activities are adapted to the context as it evolves. Strategies that are directed towards the humanitarian goal of reducing excess (avoidable) mortality, for example, can become inappropriate in a recovery or transitional context, when excess mortality is under control and the goal has shifted to the reactivation of essential nutrition services. ✔ Activity-level response strategies can, and should be, changed if they prove ineffective in achieving the goals/objectives set. If necessary, objectives may need to be adjusted, which can often mean reducing their ambition and scope.	The structure should build on what was available in the previous version, updating information and analysis, and address issues that may or may not have been fully addressed in previous versions, such as age and gender. This is facilitated by the NCC through ongoing consultation with Nutrition Cluster partners (and other relevant coordination bodies in the nutrition sector). Other clusters should be informed and regularly updated on major changes (if any) in the Nutrition Cluster strategy.

5.2.8 Transition strategy

Clusters have limited lifespans: they are activated for a specific reason and then, once the issues have been addressed, they are no longer needed and can be phased over/transitioned into sector coordination (sections 1.1.3.f and 10.3.8). The decision to transition out of emergency activities is a formal process that has to be led by the RC/HC in consultation with the national authority and the Humanitarian Country Team (HCT). Currently, there is limited practical guidance on when and how clusters should evolve over time. In practice this is left up to specific clusters to determine, and the timing of transitions may not be the same for all clusters.

The **transition strategy** refers to activities required to establish or strengthen appropriate capacity and systems to ensure continuity in services and capacity to respond in future emergencies. As a result, the strategy should have explicit

milestones and activities, e.g. benchmarks to indicate what needs to be done, and when, in order to prepare for and deliver the transition. **Early recovery** activities contribute to the foundation required before clusters can transition to sector coordination (section 5.5). The transition process should be linked to preparedness planning, to ensure that residual capacity for ongoing preparedness is adequately supported. Particular care should be taken to avoid sudden gaps in coordination mechanisms and the Nutrition Cluster's operational response that might undermine recovery strategies. In practice, however, the ability to do this is limited due to the lack of practical guidance in this area and the challenge of establishing benchmarks in a dynamic and constantly changing context.

The NCC should:

- ✔ **liaise with the HCT** and other clusters through the ICCG to assess the need and timing for transition from cluster to sector coordination;
- ✔ ensure that the relationship between the Nutrition Cluster and any existing nutrition sector working group is documented in the **TOR/SOP** for the Nutrition Cluster;
- ✔ ensure that the transition strategy is incorporated into the Nutrition Cluster **response strategy**, and that the benchmarks, activities and context are reviewed regularly. This may be challenging to incorporate in preliminary versions, but should be developed with subsequent versions.

5.2.9 Challenges

There are a number of challenges that may arise in developing a Nutrition Cluster response strategy that builds on existing capacity and structures (Table 5.4).

Table 5.4: Common challenges and points to consider in strategy development

Common challenges	Points to consider
Coordinating the development of a response strategy that involves many agencies with potentially **differing mandates and capacities** can be challenging.	✔ It is important to aim for a broad consensus that is clearly documented and linked to implementation plans. ✔ Encourage development of a Memorandum of Understanding (MOU) for activity-level strategies that involve more than one agency. ✔ Agencies that do not participate in the Nutrition Cluster should be encouraged to share information and to be part of the coordination process in order to avoid duplication and gaps.

Table 5.4: Common challenges and points to consider in strategy development

Common challenges	Points to consider
Plans become **driven by Nutrition Cluster partner projects**, or are **seen as biased** in favour of the CLA or more powerful Nutrition Cluster partners, rather than reflecting Nutrition Cluster objectives as a whole.	✔ Engage a smaller working group (e.g. SAG or TWG) with a broad representation of Nutrition Cluster partners to develop the overarching framework that reflects the direction of the cluster. Define response strategies that are relevant to the context and are developed through consultation. ✔ Develop Nutrition Cluster response strategy plans based on shared analysis and clear criteria.
Plans are **unrealistic**, with too many activities, which cannot be achieved within the timeframe or in the local context.	✔ Keep it simple: keep priorities and objectives to a minimum. ✔ Plan around available and confirmed capacities and resources. ✔ Adopt a phased or incremental plan in the immediate response.
Plans are **inaccurate** owing to inadequate or ineffective investigation, verification or analysis of data.	✔ Adopt a thorough and systematic approach to regularly review planning assumptions and assessment data.
Plans become **outdated** and are of limited use.	✔ Routinely review and update the Nutrition Cluster response strategy to take into account changes to context and progress. ✔ Ensure that a longer-term perspective is incorporated into the strategy, and engage additional expertise from early recovery colleagues and focal points when needed.
Response strategies do not address the needs of all vulnerable groups since there are currently **limitations in global guidance for nutrition** in terms of assessment and programming.[1]	✔ Ensure that assessments, to the best extent possible, consider the needs of all age groups. ✔ Liaise with focal points on cross-cutting issues (e.g. age, gender) to see how gaps in guidance may be addressed. ✔ Identify critical gaps in guidance in relation to other age groups, and develop a plan to put in place the relevant technical resources to address these gaps. This may include consultation with in-country or out-of-country expertise (section 6.3). 1 Available technical guidelines for nutrition in emergencies are fairly well defined for children aged 6–59 months, but less well defined for other age groups, such as adolescents and older people.
There are **philosophical differences between agencies** that prevent a reaching of consensus around technical interventions.	✔ Use the Nutrition Cluster mechanism as a forum for evidence-based discussion, prioritisation and programming that respects the Principles of Partnership (section 10.1.6). The NCC's role is not to regulate the activities of individual agencies, but to ensure that actions can be understood in terms of how they do or do not contribute to achieving a common goal. ✔ Hold bilateral discussions with concerned agencies to understand their points of view and driving factors, and try to find and build on areas of commonality.

Table 5.4: Common challenges and points to consider in strategy development	
Common challenges	**Points to consider**
The **national authority is not supportive** of the objectives, response strategies or activities of a specific agency.	✔ Engagement with the national authority will depend on the position it has taken in terms of engaging with the cluster mechanism. Negotiation and advocacy with the national authority may be necessary in order to understand the underlying reasons and to break an impasse (section 2.3).

5.3 CROSS-CUTTING ISSUES

The NCC has a particular responsibility for ensuring that cross-cutting concerns such as disaster risk reduction (DRR), early recovery, environment, HIV/AIDS, disability, gender and age are addressed in the emergency response. Pre-existing inequalities may cause vulnerabilities or exacerbate existing ones in humanitarian crises, and the needs of some groups may not be identified or addressed unless specific measures are put in place.

The needs of a population are often not homogeneous, and priorities and needs may differ in relation to age, gender and other factors. For example, the needs of older people can be hard to measure due to limitations in current assessment methods, and older people may be missed in community-level assessments and distribution programmes due to mobility issues. Women, girls, boys and men may face different risks in relation to their nutritional status due to different nutritional requirements and different socio-cultural factors related to gender that determine their access to food and support services. The availability of nutrition services does not guarantee their optimal use or impact; only a participatory approach that addresses cross-cutting issues at all stages of the project cycle can help ensure that an adequate and efficient response is provided. While the NCC is encouraged to incorporate cross-cutting issues into the Nutrition Cluster response, current global nutrition tools and technical guidelines have not incorporated cross-cutting issues (e.g. SADD) to any great extent. However, some practical tools and guidance have been developed in this area (see below), while others are in development.

While the tools may or may not be fully in place, it is the responsibility of the NCC to the best of his/her abilities, and in consultation with available resources in-country as well as global advisors, to ensure that key cross-cutting issues are systematically raised, discussed and addressed. Analysis of the nutrition emergency and response strategies in light of these issues is not optional, though

it is not to be expected that every NCC will have the technical experience or background to address all of them themselves. It is, however, the responsibility of the NCC to engage relevant inputs and technical advice. The ICCG is a forum where these issues should be systematically addressed. It is also the responsibility of Nutrition Cluster partners to hold the NCC and CLA accountable for ensuring that these needs are identified and addressed to the extent possible under the specific circumstances.

There are several broad areas where these issues can be addressed in practice by the NCC, including by:

- ✔ maintaining cross-cutting issues and vulnerable groups as a **standing topic on the Nutrition Cluster coordination meeting agenda**;
- ✔ ensuring that **assessment teams are gender-balanced** and that a **gender and age analysis** explores the distinct needs, capacities, protection concerns and realities related to nutrition of women, girls, boys and men, and older people;
- ✔ ensuring that monitoring frameworks and IM systems **include SADD**, which is routinely collected, used and analysed;
- ✔ ensuring that **awareness raising and orientation on cross-cutting issues** are conducted through the nutrition coordination mechanism, including circulation of guiding documents in these areas;
- ✔ **reviewing projects submitted to the CAP and pooled funds** in light of their incorporation of cross-cutting issues, e.g. for gender with the IASC Gender Marker tool;
- ✔ appointing a **focal person for cross-cutting issues** within the Nutrition Cluster who has the time to liaise between the cluster and a specific cross-cutting issue discussion group, in addition to his/her other responsibilities;
- ✔ **advocating through the ICCG** and the head of the **CLA for adequate technical support to be mobilised** (e.g. deployable advisors on specific cross-cutting issues) to advise and support clusters;
- ✔ establishing **working relationships with relevant technical advisors** and focal points on cross-cutting issues, e.g. gender advisors and early recovery advisors, and providing an opportunity for them to review and provide input into Nutrition Cluster TOR and strategic plans before they are adopted, bearing in mind that this is a time-consuming process when multiple clusters are active.

Key definitions, suggestions of ways that these can be addressed in the Nutrition Cluster and additional resources for gender, age, HIV/AIDS and the environment are found in this section. Early recovery is addressed in section 5.5.

5.3.1 Gender

Definitions	
Gender	The social differences between females and males are learned, and vary widely within and between cultures. Though deeply rooted in every culture, they are changeable over time.
Gender equality	Gender equality or equality between women and men refers to the equal enjoyment by women, girls, boys and men of rights, opportunities, resources and rewards. Equality does not mean that women and men are the same, but that their enjoyment of rights, opportunities and life chances is not governed or limited by whether they were born female or male.
Gender-based violence (GBV)	This is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between females and males. The nature and extent of specific types of GBV vary across cultures, countries and regions. GBV poses special challenges in the humanitarian context: examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; forced/early marriage; harmful traditional practices such as female genital mutilation; honour killings; and widow inheritance.

Key issues to consider in gender and nutrition

Gender-sensitive programming is about meeting the different needs of women, men, girls and boys. It is a core element of how efficiently and qualitatively humanitarian agencies can assist **all** segments of the population. It should therefore be placed systematically at the heart of nutrition interventions. Indeed, women, men, girls and boys are affected differently by emergencies. They have different nutritional needs and their daily activities often demand different levels of energy. Emergencies can deepen malnutrition and change who has power and access to food, the quality of food and people's ability to prepare and handle food safely. The structural discriminations that girls and women often face can undermine their nutritional well-being and can be deepened in times of crisis. It is therefore important to systematically analyse nutritional habits, food taboos and discriminatory access to food within the home that might differently affect women and men, girls and boys in order to inform the targeting and design of sensitisation messages. Emergencies can also change the dynamics of how women, men, girls and boys access available resources that affect direct and underlying causes of malnutrition. For example, cultural barriers may prohibit women from travelling to access nutrition services without the permission or company of a male relative.

Gender roles may undermine gender-balanced enrolment in schools and therefore access to information about optimal health and nutrition habits. Early marriage and pregnancy can undermine nutrition status and contribute to an inter-generational cycle of malnutrition. In addition, women and girls may be put at greater risk of GBV due to unintended vulnerabilities related to the timing, location or content of nutrition programming.

It is vital to incorporate gender analysis into needs assessment, activities and programmes, as well as outcomes of the Nutrition Cluster response. Integrating consideration of gender is part of good project design as it increases a project's potential to improve the lives of affected populations. To support this, the IASC Gender Marker tool was created to better respond to the humanitarian needs of women, men, girls and boys and to ensure that the funds invested in addressing gender result in tangible improvements. The Gender Marker is currently being rolled out and all countries were required to implement it in the 2012 humanitarian funding cycle. The tool is being used in the CAP and in all other humanitarian appeals and funding mechanisms.

Strategies/areas to incorporate gender considerations into the Nutrition Cluster response strategy

While not an exhaustive list, possibilities include the following.

- Collect and use SADD and adopt a gender lens for **assessment and programme monitoring** (Box 5.4). This might include reviewing admission data from nutrition programming in order to determine if differences exist in vulnerability to malnutrition according to gender, in order to design nutrition programmes that would address this gender-specific vulnerability.
- Review the **sex ratio of the sample of anthropometric nutrition surveys** to ensure that the data is reflective of the population.
- Incorporate a gender lens into the development of the Nutrition Cluster response strategy and project **objectives** (Box 5.4). Design response strategies to ensure that girls and boys, women and men benefit equally.
- Incorporate gender into discussions around **targeting** of nutrition programmes. This might include targeting food aid or blanket supplementary feeding to women- and child-headed households. It might also include ensuring that targeted supplementary feeding is available for pregnant and lactating women if maternal undernutrition is an issue. Where there are polygamous households,

women should be registered as aid right-holders in order not to exclude second wives and their children.

- Involve women in the **decision-making processes around nutrition programming** in terms of assessment (e.g. inclusion of separate focus group discussions for women and men during rapid assessments), desirability of food supplements (e.g. distributed through targeted SFPs and blanket SFPs) and relation to cooking requirements and available resources, as well as timing and location of distribution days/screening activities for nutrition programmes.
- **Involve men and fathers** in activities related to the prevention and treatment of undernutrition. Men should be systematically targeted for nutritional education programmes as they might have an influential role in the choice of what is eaten at home and in family members' access to nutritional services (e.g. food choices; decisions related to vaccination/Vitamin A/micronutrients; decisions around breastfeeding – whether or not to breastfeed, when to start and for how long; food handling, preparation and storage; food sharing – who eats first and most).
- **In planning the areas where nutrition activities will take place**, consider that:
  - The distance from the distribution point to households should not be greater than the distance from households of the nearest water or wood source.
  - The roads to and from the distribution point should be clearly marked, accessible and frequently used by other members of the community.
  - Locations where large numbers of men are present should be avoided, particularly those where there is unrestricted access to alcohol, or where armed persons are in the vicinity.
- Ensure **monitoring and security** around distribution points/service points.
- Provide sufficient **information** to the community to ensure that women and girls, boys and men are well aware of available nutrition services.
- Ensure **gender balance in nutrition staff** and ensure that facilities are culturally appropriate to respect the needs of women and girls where different from those of boys and men.
- Ensure that women and men **benefit equally from training or other skills development** initiatives offered by the project.
- Make sure that girls and boys of all age groups can **access** nutrition services equally, e.g. women's, girls', boys' and men's access to nutrition services is routinely monitored through spot-checks and discussions with communities.

Ways to engage

There are a number of ways to ensure that gender issues are addressed, depending on the scale and structure of the response.

- Define **minimum commitments for gender-responsive nutrition programming** (e.g. core actions or approaches) within the Nutrition Cluster, focusing on improvement rather than drastic reorientation of the programme.
- The **Gender Marker tool** can be used in developing programming. The ADAPT and ACT Collectively Framework (found in the Gender Marker tip sheet) outlines nine practical steps for mainstreaming gender into nutrition programming.
- **IASC Gender Standby Capacity (GenCap) advisors** are resource persons who are available at short notice as an inter-agency resource to support the RC/HC, HCT and cluster/sector leads in the initial stages of sudden-onset emergencies as well as in protracted or recurring humanitarian situations. They may or may not be available in-country, but the NCC should ensure that there is regular communication between GenCap advisors and the Nutrition Cluster, if applicable. If a GenCap advisor is not available, the NCC can suggest that one be requested if the available resources on the ground indicate that one is needed.

Gender Tools and resources

- Cluster Working Group on Early Recovery (CWGER) (2008). *Key Things ER actors Need to Know about Gender*
- IASC (2012). *Gender Marker Tip Sheet for Nutrition*
- IASC (2006). *IASC Gender Handbook for Humanitarian Action: Women, Girls, Boys and Men, Different Needs – Equal Opportunities* (available in Farsi, Mandarin, Spanish, French, Arabic, English, Russian). The guidelines include specific chapters on coordination and nutrition.
- IASC (2005). *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Chapter 6: Food Security and Nutrition* (available in Bahasa, English, French, Arabic, Spanish)
- IASC (2004). *Action to Address Gender-based Violence in Emergencies – IASC Statement of Commitment*
- World Health Organization (WHO) (2008). *Women, Ageing and Health: A framework for action*

➜ **IASC Gender in Humanitarian Action Working Group website: http://www.humanitarianresponse.info/themes/gender**

➜ **The IASC Gender Marker: http://www.humanitarianresponse.info/themes/gender**

➜ **Gender and Humanitarian Assistance Resource Kit: http://reliefweb.int/report/world/gender-and-humanitarian-assistance-resource-kit**

➜ **IASC (2010) online e-learning training course:** *Different Needs – Equal Opportunities: Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men* (includes a module on nutrition): **http://www.humanitarianresponse.info/themes/gender**

5.3.2 Age

Definitions	
Children	According to the Convention on the Rights of the Child, a child is considered to be an individual below the age of 18. Depending on cultural and social contexts, however, a child may be defined differently amongst some population groups.[1] 1 The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*.
Youth	"Youth" refers to young people aged 15–24. Adolescence is seen to encompass three distinct phases including early (10–12 years), middle (13–14) and late (15–18) adolescence. National authorities and the international community use a variety of overlapping definitions to categorise children, young people, adolescents and youth. In some countries, the government definition of youth includes people as old as 35. The existence of adolescence or youth as a clearly demarcated period of life depends on cultural and other factors, and programming with these cohorts will often involve individuals who are older or younger than the target group.
Older people	Older women and men are those aged over 60, according to the United Nations. However, cultural and social factors mean that this definition varies from one context to another.[2] 2 Ibid.

Key issues in age and nutrition

Youth and older persons can represent a large proportion of an emergency-affected population.[89] Moreover, it is estimated that between 2006 and 2050,

89 IASC (2008). *IASC Advocacy Paper on Humanitarian Action and Older Persons: An essential brief for humanitarian actors.*

Box 5.4: Case example of incorporating gender considerations into nutrition programming: DRC

In emergency programming it can be challenging to generate and use age- and sex-disaggregated data. Nevertheless, experience shows that when SADD is available, it can improve the overall quality and effectiveness of programmes. For example, a national demographic and health survey conducted in 2010 in the Democratic Republic of Congo (DRC) showed that a larger proportion of boys than girls were classified with moderate or severe acute malnutrition. Data on selective feeding programmes, however, indicated that more girls were being admitted than boys.

Failure to consider boys' increased vulnerability resulted in a lack of understanding of the causes of this situation and of action to reverse it. The Nutrition Cluster subsequently tried to address this gap by analysing the social dynamics affecting boys' nutritional well-being, with the results of the gender analysis eventually informing programming. The cluster also developed minimum commitments on gender in emergency nutrition. These commitments were the product of a dialogue with cluster members at provincial and national levels, and included:

- analysing the particular nutritional vulnerabilities of boys and, on that basis, taking adequate corrective measures;
- ensuring that fathers and mothers were equally targeted by food education activities. The engagement of fathers in caring for malnutrition cases was also encouraged;
- systematically consulting women in order to identify with them the opening hours and days that were most convenient for them;
- ensuring gender balance in care teams and among community mediators;
- disaggregating the number of aid beneficiaries, and recruiting community mediators and care personnel targeted for training by sex.

the number of persons aged 60 and above will triple. In the context of crises and HIV/AIDS, "skipped generation" households (when an older person, often a grandparent, becomes the primary care-giver for a child who has lost one or both parents) are increasing in number. At the same time, assessment methods, targeting criteria and specific nutrition programming are limited for age groups other than U5s and pregnant and lactating women. As a result, the needs of youth

and older persons are often not identified or addressed effectively, and their unique contributions to community stability and recovery are not captured. Issues revolve around inclusion, participation and representation in emergency response. Currently, there is limited guidance in relation to the needs of adolescents

Older people are often not considered in emergency nutrition interventions because of a lack of knowledge about their specific nutritional needs; a failure to consult the community on their perception of nutritional vulnerability; a tendency to regard older people as an "unproductive" group; a lack of criteria to define relative risk within this group; and an assumption that the community will take care of older people. At the same time, older people have specific needs in relation to:

- **Normal ageing and health:** Older age can result in decreased mobility, sight, hearing and muscle strength, as well as in greater vulnerability to heat and cold. Minor conditions can quickly become major handicaps that overwhelm an older person's ability to cope. Chronic diseases are also real threats, though services to address these in emergencies can be overshadowed when priority is given to re-establishing services that are considered to be more life-saving. Older persons can suffer nutritional deficiencies if their food intake decreases during an emergency or if it lacks sufficient nutrient density.
- **Social and psychological support:** Older persons may be hidden from the view of humanitarian agencies and their concerns may not be addressed if their families try to attend to them without explicitly identifying them.
- **Protection:** Social and economic marginalisation often means that older persons are less protected from the hazards of a crisis. Language and literacy barriers and social isolation may also limit their capacity to grasp and respond to public information on the risks they face during emergencies and on the resources available.
- **Livelihoods:** In many countries, older persons must continue to earn their living for as long as possible. However, arbitrary exclusion of older persons from income-generating activities, food-for-work programmes and micro-credit is common and livelihood recovery activities are often planned without considering their capacities.[90]

Guiding principles for addressing the needs of older persons include the following:

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90 A. Borrel (2001). *Addressing the Nutritional Needs of Older People in Emergency Situations in Africa: Ideas for Action*.

- Older people should have physical access to an adequate general ration that is suitable in terms of quantity and quality, is easily digestible and is culturally acceptable.
- The physiological changes associated with ageing and its consequences for nutritional requirements and special needs should be reflected in programme design.
- Older people should be involved in the assessment, design and implementation of programmes.
- The chronic nature of older people's needs should be reflected in programme design.
- Existing community support structures should be rebuilt and strengthened as the most important strategy in food and nutrition assistance programmes for older people.
- Malnourished older people should have equal access to selective feeding programmes for nutritional rehabilitation.[91]

Strategies/areas to incorporate age considerations into the Nutrition Cluster response strategy

While not an exhaustive list, things to consider include the following.

- Conduct a clear analysis of **how the community defines the age categories** of youth and older persons and the expected needs, vulnerabilities and resources for these age groups.
- Explicitly incorporate the age groups of youth and older persons in **needs assessments**. Since anthropometric assessment is limited in terms of updated guidance, it is critical to incorporate assessment through qualitative means in order to understand potential sources of vulnerability. Ideally, collect data in ten-year age groups, or at least have an age group for people aged 60-plus.
- Involve youth and older persons as **key informants** in assessments. Ensure that, to the best extent possible, all age groups are engaged in community-level discussions, though these may have to take place in different age groups.
- Promote **active consultation** and engagement of youth and older persons in decision-making, programme development and implementation.

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91 A. Borrel (2001). *Addressing the Nutritional Needs of Older People in Emergency Situations in Africa: Ideas for Action.*

- Ensure that registration, needs assessment and morbidity and mortality figures are collected and **disaggregated by age and sex**.
- Incorporate the needs of these age groups into project **objectives and response strategies** where relevant.
- Ensure that **nutrition staff** are oriented to specific needs of youth and older persons, and encourage respectful and caring interaction.
- Where nutrition programming **links with livelihoods programming**, advocate that income generation and repatriation programmes take into account the specific needs of older persons to cater for themselves as well as to support others.
- Ensure that **commodities** for food security and nutrition programmes are nutritionally appropriate and palatable, and take into account physical limitations in preparation and consumption by older persons.
- Ensure that **distribution points** for commodities or programming take into account security and protection issues and that when it is necessary for individuals to carry away food commodities, this is physically possible. Build in systems to ensure that all older persons who meet the targeting criteria are identified and that appropriate arrangements are made to ensure that they receive food commodities if they are ill or housebound.

Age Tools and resources

- A. Borrel (2001). *Addressing the Nutritional Needs of Older People in Emergency Situations in Africa: Ideas for Action*
- CWGER (2008). *Key Things ER actors Need to Know about Age*
- W. Day, A. Pirie and C. Roys (2007). *Strong and Fragile: Learning from older people in emergencies*
- HelpAge International (2011). *Ageways: Practical Issues in Ageing and Development. Issue 76: Food and Nutrition*
- HelpAge International (2007). *Older People's Associations in Community Disaster Risk Reduction*
- HelpAge International (1999). *Older People in Disasters and Humanitarian Crises: Best Practice Guidelines*
- HRSU (2008). *Key Things to Know Concerning Age and Emergencies: Tip Sheet*

- IASC (2008). *IASC Advocacy Paper on Humanitarian Action and Older Persons: An essential brief for humanitarian actors* (available in French, Arabic, Chinese, Russian, Spanish)
- NutritionWorks, Emergency Nutrition Network, Gobal Nutrition Cluster (2011). *The Harmonised Training Package: Resource Material for Training on Nutrition in Emergencies. Module 6: Measuring malnutrition: individual assessment. Version 2.*
- F. Samuels and J. Wells (2009). *ODI Project Briefing No 33: The loss of the middle ground: the impact of crises and HIV and AIDS on "skipped-generation" households*
- United Nations (1991). *Principles for Older Persons*
- WHO (2008). *Women, Ageing and Health: A Framework for Action*

➜ Age Cluster website: **http://www.humanitarianresponse.info/themes/age**

➜ HelpAge International website: **http://www.helpage.org**

➜ The United Nations Programme on Ageing is part of the Social Policy and Development Division in the UN Department of Economic and Social Affairs. It is the focal point agency in the UN system on matters related to ageing: **http://social.un.org/index/Ageing.aspx**

Box 5.5: Case examples of addressing age in Nutrition Cluster emergency responses

There are several practical examples of mainstreaming considerations of age into aspects of nutrition emergency programming, including:

- **Needs assessment:** In Haiti, the Rapid Initial Needs Assessment conducted for OCHA after the January 2010 earthquake found that older people were the most at-risk vulnerable group and estimated that 650,000 older people were affected. This was the first time that a multi-sectoral rapid assessment had specifically highlighted older people. The recognition of older people's vulnerability was reflected in the Flash Appeal

and expanded in the revised Flash Appeal. At the same time, a review conducted three months after the earthquake found that the actual funding for programming for older persons was well below estimated needs.[1] Assessment is a necessary first step, but advocacy is often needed to maintain the profile and momentum of the issue.

- **Targeting:** HelpAge activities in West Darfur, Sudan, were focused on camps for IDPs. In May 2006, the agency conducted a rapid assessment in order to assess the health and nutritional status of older people living in IDP camps. Anthropometric information (MUAC) was combined with clinical and social risk factors. The information gathered was used to better target HelpAge programming, as well as to advocate with humanitarian programming in other sectors to address the specific vulnerabilities of older people.[2]
- **Partnership:** HelpAge and the British Red Cross Society (BRCS) developed a strong partnership during the emergency response in Aceh, Indonesia following the 2004 tsunami. Assessments confirmed that the disaster had had a particular impact on older people. While older people were considered as beneficiaries in all relief and rehabilitation programmes, their specific vulnerabilities, needs and capabilities were not recognised or addressed by the emergency operations that followed. This oversight stemmed from institutions' lack of understanding and expertise regarding older peoples' needs and capabilities. HelpAge launched an advocacy programme, aiming to influence, build capacity and support institutions working on tsunami rehabilitation to promote age sensitivity and to ensure the inclusion of older people in partners' programmes. The BRCS was working in cash grant programming, and found that this could benefit from additional technical support on targeting older people. The mutual interests of the two organisations, their openness to innovation and regular meetings of their management teams resulted in the formation of an alliance to work together on the BRCS livelihood programme, followed by its shelter and DRR programmes.[3]

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1 HelpAge International (2010). *A Study of Humanitarian Financing for Older People: Country Case Studies.*

2 HelpAge International (2006). *Rebuilding Lives in Longer-Term Emergencies: Older people's experience in Darfur*; HelpAge International (2006). *Health and Nutrition Rapid Assessment of Older People in West Darfur State, Sudan – Final Report.*

3 BRCS, HelpAge (2007). *Mainstreaming Age Friendliness.*

5.3.3 HIV and AIDS

Definitions	
HIV and AIDS	Acquired immunodeficiency syndrome (AIDS) is a disease of the human immune system caused by the human immunodeficiency virus (HIV).
PMTCT	Refers to the prevention of mother-to-child transmission of HIV/AIDS through a variety of actions.
People living with HIV/AIDS (PLHIV)	It is preferable to use the term "people living with HIV" (PLHIV), since this reflects the fact that an infected person may continue to live well and productively for many years. The term "people affected by HIV" encompasses family members and dependants who may be involved in care-giving or who are otherwise affected by the HIV-positive status of a person living with HIV.

Key issues in HIV/AIDS and nutrition

HIV vulnerabilities and risks in humanitarian crises
The factors that determine HIV transmission during humanitarian crises are complex, and depend on the context. Existing gender inequalities may be further exacerbated in a crisis, making women and children disproportionately more vulnerable to HIV. For example, as a consequence of loss of livelihoods and lack of employment opportunities, sex work and sexual exploitation may increase. Mass displacement may lead to the separation of family members and the breakdown of community cohesion and of the social and sexual norms that regulate behaviour. Women and children may be used by armed groups and be particularly vulnerable to HIV infection as a result of sexual violence and exploitation. Rape may be used as a means of warfare. People living with HIV and other key populations at higher risk of exposure to HIV may require specific measures to protect themselves against neglect, discrimination and violence.

HIV service needs in humanitarian situations
Essential services that existed beforehand may be disrupted during situations of humanitarian crisis. People may no longer have access to information about HIV prevention, to condoms or to services for PMTCT. People living with HIV often suffer from disruption of antiretroviral treatment (ART) and treatment for opportunistic infections. Their health is put at risk because their nutritional needs are not met, and palliative and home-based care may be disrupted. Orphans and other vulnerable children may have lost contact with their care providers. HIV prevention, treatment, care and support programmes existing before the onset of the crisis may have to be re-established.

People living with HIV have particular needs in terms of nutrition. Good nutrition is essential for health and helps the body protect itself against infections by

supporting the immune system. However, access to a well-balanced diet for PLHIV can be a major challenge, especially in emergencies and even with food assistance, because of their specific disease-induced nutritional needs. An appropriate diet can also contribute to improving the medical outcomes of HIV-related illnesses, thus improving comfort and contributing to the success of treatment. People suffering from HIV-related illnesses, including those who are on ART, often experience a range of problems that can lead to malnutrition. Nutrition support interventions include nutritional assessment, nutrition education, dietary counselling, prescription of targeted nutrition supplements and linkages with food-based intervention programmes.

Food assistance can be part of a life-saving, short-term response to maintain and improve nutritional status and increase household food security, in particular in households where food security has been undermined by the impact of HIV. At the same time, even in the absence of food assistance, restoring basic household assets and local food production, promoting alternative livelihood activities compatible with the constraints faced by HIV-affected households and alleviating discrimination can enable affected households to strengthen their livelihoods and provide a safety-net for recovery. Food assistance and restoring livelihoods should be seen as complementary actions to contribute to a sustainable livelihood strategy.

The current and future impacts of HIV and AIDS need to be considered in emergency response planning. HIV and AIDS affect families and communities as well as individuals, and young people in their most productive years, especially women, are disproportionately affected – physically, psychologically and financially. In a number of countries, there is declining life expectancy resulting in a shift in age structure in the population, with HIV/AIDS mortality leaving a disproportionate number of children, including orphans, and older people.

Strategies/areas to incorporate HIV/AIDS considerations into the Nutrition Cluster response strategy

While not an exhaustive list, things to consider include the following.

- HIV **risk and response analysis** should be integrated into all aspects of emergency management.
- The Nutrition Cluster should **map** (in collaboration with other agencies) the needs, constraints and opportunities of identified vulnerable households, while treating information confidentially.

- In emergencies, it is essential to establish/strengthen **health care systems** that can provide support to people living with HIV.
- It is essential to ensure continued or immediate **access and availability to ART** in emergency settings for PLHIV on treatment. Access to and compliance with ART can reverse disease-induced malnutrition and, if complemented by good nutrition, can delay the progress of disease.
- The **diets** of people living with HIV should be assessed in order to ensure that their protein and micronutrient intakes are adequate for their energy needs, given their compromised immunity. Ensure that the basic micronutrient needs of PLHIV are met, through a diversified diet, fortified foods or micronutrient supplements.
- Pregnant women living with HIV in emergency situations should be provided with **ART prophylaxis options** and, after delivery, encouraged to **breastfeed** in order to preserve both the physiological and psychological health of the young infant. Infant feeding counselling and support should be provided to all HIV-positive pregnant and lactating mothers. Specific resources on IYCF and infant feeding in the context of HIV have been developed (see below).
- Provide **supplementary feeding**, home- or facility-based, for moderately malnourished children (irrespective of HIV status) and other age groups where feasible, and/or provide increased food rations to those at risk of malnutrition, including adults on ART and tuberculosis treatment, pregnant and lactating women and children under five.
- Where feasible, **treat children** (irrespective of HIV status) and other age groups suffering from **SAM** in the community or in a clinical setting by providing therapeutic milk (in-patients only) or ready-to-use therapeutic foods (RUTF) (when available).
- For severely malnourished people living with HIV, medical care and therapeutic nutrition should be provided to support **nutrition rehabilitation care**.
- **Target and distribute food assistance** to HIV-affected households where required. Household food insecurity should be the main (initial) targeting principle, regardless of whether HIV status is known. However, attention should be given to identifying households that may be AIDS-affected. Ensure that the provision of food assistance to PLHIV and HIV-affected households and families does not increase their stigmatisation. Ensure that special considerations for designing a ration for PLHIV are addressed.

- Ensure that appropriate access to ensure food hygiene, proper sanitation, water and shelter is possible in order to **prevent opportunistic infections and nutritional deterioration**.
- Link programming with considerations on how to prevent GBV as a result of additional vulnerability related to HIV/AIDS, e.g. social stigma and access to resources.
- Support **networks**, including livelihood support and home-based care. Work with established community-based organisations and institutions that are already involved with HIV-affected individuals and families to provide appropriate food assistance.

HIV and AIDS Tools and resources

- CWGER (2008). *Key Things ER Actors Need to Know about HIV/AIDS*
- IASC (2010). *Guidelines for Addressing HIV in Humanitarian Settings*
- IASC (2003). *Guidelines for HIV/AIDS Interventions in Emergency Settings*
- International Food Policy Research Institute (IFPRI) and WFP (2004). *Rethinking Food Aid to Fight AIDS* (contains a table of considerations for food aid programming in light of HIV)
- UN Food and Agriculture Organization (FAO), WHO (2002). *Living Well with HIV/AIDS: A Manual on Nutritional Care and Support for People Living with HIV/AIDS*
- NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package: Resource Material for Training on Nutrition in Emergencies, Module 17: Infant and young child feeding; Module 18: HIV/AIDS and nutrition*
- UNHCR, Emergency Nutrition Network (2008). *Guidance on Infant Feeding and HIV in the Context of Refugees and Displaced Populations*
- UNHCR, WFP (2004). *Integration of HIV Activities with Food and Nutrition Support in Refugee Settings: Specific Programme Strategies*
- WHO (2009). *Guidelines for an Integrated Approach to the Nutritional Care of HIV-infected Children 6 Months–14 Years, preliminary version for country introduction*
- WHO (2005). *Guiding Principles on Feeding Non-Breastfed Children 6–24 Months of Age*

- WHO, UNAIDs, UNFPA, UNICEF (2010). *Guidelines on HIV and Infant Feeding*

➜ **HIV/AIDS Cluster website: http://www.humanitarianresponse.info/themes/hivaids**

➜ **UNAIDs has data, tools and operational guidelines: http://www.unaids.org/en**

5.3.4 Environment

Definitions	
Environment	The environment is understood as the physical, chemical and biological surroundings in which disaster-affected and local communities live and develop their livelihoods.[1] 1 The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*.

Key issues in environment and nutrition

The environment provides the natural resources that sustain individuals and determine the quality of the surroundings in which they live. It needs protection if these essential functions are to be maintained. The environment may be affected by natural disaster, as well as during a complex emergency. For example, a flood may destroy irrigation infrastructure, or natural resources may be intentionally destroyed during conflict. Population displacement and consolidation of populations within or outside camp settings as a result of an emergency can put undue pressure on available resources, which in turn can negatively affect nutrition status.

Some communities may be directly affected by an emergency and others indirectly, but the environmental impacts will be felt in both communities. The sudden arrival of large numbers of refugees in an area creates a source of potential environmental health problems, for refugees as well as for members of the local population. The rigours of flight, overcrowding, malnutrition, poor sanitation and disruption of health services may, for example, lead to the outbreak of diseases such as cholera, dysentery, hepatitis or typhoid among the refugee population.[92] Food preparation methods can contribute to localised deforestation due to the need for cooking and food preparation materials, while also increasing vulnerability to GBV for those responsible for collecting water and firewood (usually women and girls). Relief

92 UNHCR (2005). *Environmental Guidelines*.

efforts that focus only on the needs of directly affected individuals and communities can exacerbate negative interactions between directly and indirectly affected communities, as the common resources of the environment are degraded as a result of the emergency.

Strategies/areas to incorporate environmental considerations into the Nutrition Cluster response strategy

While not an exhaustive list, things to consider include the following.

- **Advocate** with local authorities, other clusters and OCHA to ensure that environmental impacts are considered when planning the location of services.
- In conjunction with specialists from other sectors (community services, domestic energy, forestry, site planning), **review technical and social activities** related to food transport, storage, preparation, etc. to reduce energy needs and minimise pollution and waste production.
- **Advocate** for promoting the use of energy-saving (and low-smoke) stoves.

Environment Tools and resources

- CWGER (2008). *Key Things ER Actors Need to Know about Environment*
- Environmental Resources Management (ERM) (2007). *Mainstreaming the Environment into Humanitarian Operations*
- UNHCR (2005). *Environmental Guidelines*

➜ **Environment Cluster website: http://www.humanitarianresponse.info/themes**

5.4 INTER-CLUSTER LINKAGES

Points in the project cycle for collaboration

Nutrition is the outcome of many factors. Because of this, concrete coordination with other clusters is essential in order to ensure a holistic response in a nutrition emergency. Collaboration may take many forms, from information sharing on key indicators and joint analysis to joint programming or action planning. Inter-cluster linkages are also promoted under the Cluster Approach. There is limited formal

guidance on programmatic linkages between nutrition and other clusters, though different resources do exist (see below). Table 5.5 gives a number of examples of concrete collaboration between nutrition and other clusters. These fall into broad categories of:

- **needs assessment and overall information management**, in terms of jointly identifying key information, conducting assessments, sharing data collected and contributing to joint analyses;
- **defining indicators** that explicitly address the inter-cluster nature of activities (e.g. a livelihoods programme that aims to positively influence nutrition status);
- **coordinated physical site planning** for services in terms of location and available resources that contribute to improved access;
- development of **integrated or coordinated guidelines and standards** for clusters that take into account guidelines and standards from other clusters;
- **capacity building** and awareness of emergency response staff in relevant concepts and technical standards;
- **screening and referral linkages** between programmes in different clusters;
- **activities to inform, raise awareness and promote positive behaviours** that are within the capacity of the individual or household to address;
- **communication and monitoring** of field-level implementation;
- **advocacy and resource mobilisation**.

Appropriate linkages will depend on the specific context, underlying causes of malnutrition, prioritised needs and response capacities. Negotiation around inter-cluster linkages can take place bilaterally between the NCC with other cluster leads, with other cluster leads in the CLA, and through the ICCG. Coordination around inter-cluster linkages can be affected if strategies have been developed within clusters to different levels, e.g. it can be challenging to collaborate if a response strategy has been defined in one cluster but not in another. The IASC publication *Key Things to Know about Clusters* provides an overview of key information about various clusters, though it does not reflect the introduction of the Food Security Cluster in 2011.

Table 5.5: Examples of inter-cluster linkages to consider in nutrition

Cluster	Things to consider
Health	Nutrition programmes (in particular therapeutic feeding for SAM) are sometimes classified as sub-sectors of the health system, or as aspects of an essential services package in the Health Cluster. Health and nutrition services often use the same infrastructure for outreach, screening and referral, and service delivery, as well as clinic- and community-based surveillance. A functional health care system is critical to support actions to prevent and treat malnutrition. ✔ Nutrition assessments can and should include information on basic morbidity and should analyse the risk of malnutrition relative to morbidity status. ✔ The specific cluster under which Vitamin A supplementation for children aged 6–59 months is provided, as well as antenatal and postnatal supplementation for women, should be discussed and agreed between clusters. ✔ Health and nutrition education and promotion, campaigns and materials can be coordinated. ✔ Malaria prevention and maternal and child health programmes can be linked through screening and distribution of insecticide-treated nets (ITNs). ✔ Concrete referral pathways and processes between health programmes and nutrition programmes can be defined and strengthened. ✔ Engagement with the MOH, e.g. in capacity building, can be coordinated.
WASH[1]	✔ WASH assessments can be encouraged in communities where undernutrition is a concern. ✔ Adequate WASH facilities (safe water, hygiene, excreta disposal), standards and monitoring of the physical infrastructure of nutrition programmes should be assured. ✔ Cholera programming and protocols can explore linkages to screening and treatment for SAM and promotion of optimal IYCF practices. ✔ Trends can be tracked in hygiene- and water-related illness in nutrition programmes and at community level (through anthropometric surveys) where undernutrition is a concern. ✔ The incidence of water-borne illnesses in nutrition programmes can be reported, and addressed in surveillance and monitoring as requested. ✔ Key WASH messages (e.g. point-of-use water treatment, handwashing with soap at critical times, safe excreta disposal) can be systematically incorporated into community-level promotion and health and nutrition education in nutrition programmes. ✔ Relevant WASH activities through nutrition programmes and in areas where undernutrition is a concern can be supported. 1 For more information, see the WASH inter-cluster matrices, which were developed consultatively across clusters and which outline specific programming linkages between WASH and other clusters. WASH Cluster Coordination Handbook (2011). http://www.washcluster.info
Food Security	✔ Beneficiaries can be screened and referred for SAM and MAM treatment in blanket SFPs. ✔ Nutrition and food security assessments can be conducted jointly, or separate assessments can be conducted using the same nutrition and food security indicators. ✔ Food security programming can consider targeting beneficiaries in nutrition programmes. ✔ Common behaviour change messages and mechanisms in relation to food security and nutrition can be developed.

Table 5.5: Examples of inter-cluster linkages to consider in nutrition	
Cluster	**Things to consider**
Emergency Shelter	✔ Exposure issues related to extreme weather conditions can be advocated for in shelter and housing planning in order to prevent exposure-related illnesses that can negatively affect nutrition status.
Protection	✔ Nutrition staff can be oriented to child protection issues and appropriate handling of potential cases (e.g. linkages with community child protection focal points). ✔ Nutrition programmes can be part of raising awareness in the community on child protection issues, as well as supporting the registration of children separated from their families. ✔ Parents and care-givers can be provided with parenting tips and increased awareness of the responsibility of taking care of children during emergencies. ✔ Registration of beneficiaries can ensure that child-headed households and unaccompanied and separated children are linked to food security programming, issued with individual ration cards in their own names and receive special distributions of food and non-food items (NFIs) as necessary.
Education	✔ Nutrition education can be provided in schools. ✔ Screening for MDDs among school-age children may be conducted, and where feasible and appropriate, MDD supplementation and deworming considered.

Tools and resources

- IASC (2008). *Key Things to Know about Clusters*
- Global WASH Cluster (2009). *Inter-Cluster Matrices of Roles and Accountabilities*
- HelpAge and International Federation of Red Cross and Red Crescent Societies (IFRC) (2011). *Guidance on Including Older People in Emergency Shelter Programmes*
- The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*
- Cluster-specific websites accessible through OneResponse: **http://www.humanitarianresponse.info/**

It is becoming increasingly common for the Health, WASH, Nutrition and Food Security clusters to collaborate (Box 5.6).

Box 5.6: Case example of collaboration between clusters: survival strategy

In Pakistan in 2010, it was clear that the severe floods would exacerbate the risk of disease outbreaks and increased malnutrition. To minimise deaths resulting from these conditions, humanitarian agencies came together to address the multiple health risks associated with unsafe water and sanitation, food shortages, inadequate nutrition and lack of access to health services. In order to do so, close collaboration among the Health, Nutrition, WASH and Food Security clusters was required.

Drawing on their respective projects in the revised Pakistan Floods Emergency Response Plan, members of the four clusters developed a strategy that aimed to ensure their ability to deliver critical activities jointly and other activities in a coordinated, effective and timely manner. The strategy outlined the essential life-saving activities to be implemented, identified principles for coordination and described the steps to be taken to strengthen planning across all four clusters. The overall goal of the survival strategy was to save lives and reduce morbidity among the most affected populations through the provision of food, life-saving maternal and neonatal services, preventive and curative health and nutrition services, safe drinking water and improved sanitation and hygiene. These services were aimed at the displaced population as well as at those in the early phase of return, when vulnerabilities would remain extremely high and would persist for as long as social services and clean water supplies were limited.

By formalising coordination, the humanitarian community was able to acknowledge that the scale of the emergency was beyond the capacity of any one agency or area to address, and to build more effectively on interventions across clusters in a coordinated manner.

5.5 LINKING EMERGENCY RESPONSE AND EARLY RECOVERY

5.5.1 What is early recovery?

Early recovery (ER) needs to be considered by the Nutrition Cluster from the outset of an emergency. ER should not be seen as a separate "phase" between relief and recovery, but rather as "recovery that begins early", i.e. in humanitarian settings. There is also no universal linear progression through phases of emergency, in particular during complex emergencies and recurrent emergencies, when more

of a cyclic pattern is seen. The foundations for sustainable recovery and a return to longer-term development, in fact, should be planned from the outset of a humanitarian emergency, with a focus on restoring national capacities to provide a secure environment, provide services, restore livelihoods, coordinate activities, prevent the recurrence of crisis and create conditions for future development. Complex emergencies and chronic humanitarian situations make the application of an ER approach more challenging because of the prioritisation of “life-saving” interventions, as opposed to those that aim to “build back better” or invest in community empowerment and national ownership. There is, however, a need to balance responses that are both life-saving and that meet time-critical needs.[93]

Planning around ER should involve and build on national authority capacity based on a thorough understanding of the local context, and should build as much as possible on long-term development policies and on national/local initiatives. Planning should also be coordinated with other relevant sectors, including social service programming to address basic and underlying causes of malnutrition. Policy and sector reform must not overload fragile institutions or overwhelm weak existing capacity. Existing local networks and local coordination mechanisms for nutrition should be at the core of nutritional emergency strategies.

ER also provides an entry point for integrating disaster risk reduction (DRR) into recovery and longer-term development. An analysis of disaster- and conflict-related risk (possibly conducted as an inter-cluster exercise) will be required to identify the underlying causes and is critical to inform the response. Risk assessments should be based on existing information on local and national vulnerabilities and capacities as well as on hazard patterns and, where appropriate, on the predicted impact of climate change.

The NCC should:

- ✔ **ensure** that **response strategies** defined in the overall Nutrition Cluster response strategy are assessed through an early recovery lens, so that their contribution (or lack thereof) to early recovery is clear;

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93 The concept of “time-critical” response is related to but distinct from that of “life-saving” interventions, and appears to better underpin the nature of ER interventions. Such a notion “refers to necessary, rapid and time-limited actions required to immediately avert or minimize additional loss of lives and damage to social and economic assets” (CERF Secretariat (2007). *CERF Life-Saving Criteria and Sectoral Activities (Guidelines)*). Therefore, the qualification of a response as “time-critical” implies that the loss of human lives, while not necessarily being averted immediately, may well be prevented. In any case, it is worth recalling that the minimisation/avoidance of loss of lives and further damage to assets is only one of the critical functions fulfilled by ER. Others include, as already mentioned, catalysing development opportunities and restoring national capacities.

✔ **ensure** that **procedures for transitioning** Nutrition Cluster activities are incorporated into the response strategy, in collaboration with the national authority and Nutrition Cluster partners;

✔ **facilitate linkages between humanitarian and development actors**, e.g. relationships between the Nutrition Cluster and any existing nutrition sector working group, or similar sectoral coordination mechanisms focusing more on developmental aspects.

5.5.2 How can the Nutrition Cluster response strategy incorporate an early recovery approach?

While not an exhaustive list, things to consider for incorporating early recovery into a Nutrition Cluster response strategy include the following.[94]

- Ensure that nutrition coordination and actions link to **recovery and long-term development** by applying sustainable technologies, strategies and approaches to strengthen the national nutrition sector capacity and by linking to existing national strategies and the Early Recovery Cluster/Network.
- Introduce, reinforce and/or adapt the **nutrition IM system** (including routine monitoring data from SFPs, results of nutrition surveys and surveillance data) and make information available for broader use, including DRR activities.
- Initiate discussion on national policy, strategy and guidelines for **sustainable management of SAM and MAM**, if not already in place.
- Ensure that **micronutrient activities** build on/support existing national capacities. Initiate discussion on long-term strategies to provide micronutrients and potentially incorporate new approaches introduced during the emergency.
- Ensure that **IYCF activities** build on and support existing national networks for infant feeding counselling and support.
- Adapt **behaviour change communication strategies and materials for nutrition** for routine use in health facilities and outreach services.
- Initiate a **gap analysis of local and national capacities** and ensure integration of capacity strengthening in early recovery/transition plans.

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94 The activities listed in the *CERF Life-Saving Criteria and Sectoral Activities (Guidelines)* (2007) also include some useful examples of ER actions. For more information, see **http://ochanet.unocha.org/p/Documents/Life Saving Criteria - 22 september 2011 cleared.pdf**.

- Engage with **community-level leaders** and stakeholders, to the extent possible, in order to identify needs and capacities for both the short and long terms.
- Plan nutrition services with **consideration of routine services** that should be maintained beyond the emergency period, e.g. ensuring that existing facilities are used, reactivated and repaired wherever possible; that existing in-country competencies are identified and used as much as possible; and that new, parallel systems are avoided unless absolutely necessary.
- If the health system before the crisis contained (as it is often the case) **distortions and inequities**, the recovery phase may offer the possibility of laying the ground for improvements for the delivery of routine nutrition services through the health system. Give attention to the quality, coverage, access and safety of services to ensure that they are responsive and efficient and produce improved health and nutrition for all (e.g. equity).
- Assess the **risk of future nutritional crises** in the country and incorporate adequate risk reduction strategies into the Nutrition Cluster response strategy.

At the country level, the RC/HC, supported by the ER advisor and the network of ER focal points within each cluster, has responsibility for leading a coordinated approach to ER planning together with key partners. The RC/HC coordinates the work of all IASC partners to reinforce the ER approach within the response and to enhance system-wide coherence, e.g. through an ER Network.

The UN Development Programme (UNDP) may also be expected to take a lead in coordinating the areas of ER not covered by other clusters. These ER areas will vary from context to context and may include e.g. livelihoods, reintegration, land and property, infrastructure, governance and the rule of law. To avoid confusion over the role of the ER Network in mainstreaming early recovery across all clusters and the role of the cluster in coordination of the ER areas not covered by other clusters, it is advisable to name the cluster according to the thematic areas that it covers. For example, the cluster in Uganda is named the GIL Cluster, covering the areas of governance, infrastructure and livelihoods.

It is important not to confuse the role of the RC/HC and its support structures (ER Advisor and ER Network) and those of UNDP. The cross-sectoral coordination function always resides with the former, while the latter focuses on areas not covered by established clusters.

Additional guidance can be obtained from the IASC Cluster Working Group on Early Recovery (CWGER[95]), which comprises some 30 international agencies and NGOs with an interest and expertise in ER. The CWGER provides technical support at the country level, develops tools and guidance, and strengthens partnerships for ER.

Resources

- CWGER (2008). *Guidance Note on Early Recovery*
- CWGER (2008). *Frequently Asked Questions on Early Recovery Coordination*
- CWGER (2008). *Key Things to Know about the Early Recovery Cluster*
- CWGER (2009). *Including Early Recovery Requirements in Flash Appeals: A Phased Approach*
- CWGER (2008). *Key Things ER Actors Need to Know about Gender*
- CWGER (2008). *Key Things ER Actors Need to Know about Age*
- CWGER (2008). *Key Things ER Actors Need to Know about HIV/AIDS*

5.6 EMERGENCY PREPAREDNESS AND CONTINGENCY PLANNING

What is emergency preparedness/contingency planning?

Emergency preparedness refers to the range of activities undertaken in anticipation of a crisis to expedite effective emergency response. Emergency preparedness planning aims to establish capacity to respond to a range of different situations that might affect a country or region by putting in place a broad set of preparedness measures. These measures (sometimes referred to as an emergency preparedness and response framework) typically include early warning systems, ongoing risk and vulnerability assessments, capacity building, definition of standards and assessment tools, creation and maintenance of stand-by capacities and stockpiling of humanitarian supplies. Emergency preparedness

95 http://oneresponse.info/GlobalClusters/Early Recovery/Pages/default.aspx

includes contingency planning, but is not limited to it.[96] Research across the humanitarian sector has shown the cost-effectiveness of investing in preparedness and mitigation. There is therefore a strong connection between emergency preparedness and effective capacity building.[97]

Contingency planning is a management tool used to analyse the impact of potential crises and to ensure that adequate and appropriate arrangements are made in advance to respond in a timely, effective and appropriate way to the needs of the affected population(s). Contingency planning addresses new situations or a potential deterioration in an existing situation to which the international humanitarian community must respond, as opposed to generalised planning under emergency preparedness.

It is possible that other emergency situations could arise within an active emergency that could further affect the nutrition status of the population or ongoing humanitarian assistance operations. These could include secondary disasters, deterioration in the security situation or breakdowns in the supply pipeline. These situations should be identified by means of in-crisis contingency planning.[98] Early warning is an important tool to help determine when to engage in a more detailed contingency planning process. Humanitarian agencies/organisations are encouraged to establish or create linkages between existing early warning systems and their contingency planning processes.[99]

Emergency preparedness and pre-crisis or in-crisis contingency planning can take place at three levels:

- **Inter-cluster level:** provides a common strategic planning framework to ensure complementarity of humanitarian action between agencies/organisations/ clusters;
- **Cluster level:** defines how agencies will work together to achieve sector-specific objectives;
- **Individual agency level:** defines the specific organisational arrangements required to deliver the services that the organisation is committed to provide.

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96 For more information, see R. Choularton (2007). *Contingency Planning and Humanitarian Action: A review of practice*.

97 L. Gostalow (2007). *Nutrition Cluster: A Lesson Learning Review*.

98 For further information on contingency planning, see IASC (2007). *Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance*. For more information on in-crisis contingency planning, see the Health Cluster Guide.

99 IASC (2007). *Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance*.

Emergency preparedness and contingency planning need to be undertaken with a wide range of actors, and should build on existing national capacity. The NCC should **facilitate the process of emergency/contingency planning among Nutrition Cluster partners**, and engage relevant stakeholders (e.g. national-level disaster management coordination bodies) who may not be part of the Nutrition Cluster. The specific plans will vary depending on the context, existing capacity, nature of the crisis and priority needs. These planning processes may be combined with the process of planning the Nutrition Cluster response strategy (in particular in slow-onset and protracted emergencies) or they may be undertaken separately. The documentation may be a stand-alone section of the Nutrition Cluster response strategy, be mainstreamed through the document or be prepared as a separate document. Some issues that the NCC should consider are outlined in Table 5.6.

Table 5.6: Points to consider in emergency/contingeny planning

Step	Points to consider
Preparation	✔ Organise the planning process (e.g. whether part of the development of the Nutrition Cluster response strategy or a separate process). ✔ Be familiar with national preparedness plans, policies and legislation for disaster relief. ✔ Advocate for the RC/HC to ensure that adequate agreements are made with the national authority around customs clearance issues for nutrition commodities. ✔ Consolidate pre-crisis baseline data and information sources with the support of the IM manager. ✔ Participate in inter-cluster or cluster-level hazard, vulnerability and risk assessments in urban and rural areas where relevant.
Analysis	✔ Analyse national (national authority and civil society) capacity to respond to crises. ✔ Based on learning from previous emergencies, current vulnerability assessments and existing preparedness measures, identify potential hazards and associated risks. ✔ Use scenario building to assess the potential impact and consequences of the hazards identified. ✔ For each scenario, outline the trigger factors, risks, assumptions, specific objectives and suggested response strategies. ✔ Prioritise scenarios according to what is most likely to happen.

Table 5.6: Points to consider in emergency/contingeny planning	
Step	**Points to consider**
Response planning	✔ Define response objectives. ✔ Outline specific nutrition response strategies that might be required. ✔ Outline relevant actions that may be required from other clusters, and liaise with other cluster leads for buy-in and inputs into the Nutrition Cluster response strategy planning. ✔ Ensure that mechanisms are in place to assess and address cross-cutting issues that may arise. ✔ Identify supply and equipment needs, relevant national-level customs clearance procedures and Nutrition Cluster partner capacity to procure and stockpile supplies and equipment. ✔ Identify projected additional staffing needs (surge and/or redeployment of existing staff), clarify reporting lines using an organogram and draft TORs for each position. ✔ Define management and coordination arrangements. ✔ Consolidate plans and ensure that agreements are recorded.
Implementing preparedness	✔ Disseminate contingency plans and preparedness procedures to Nutrition Cluster partners and other stakeholders, including other clusters, OCHA/ICCG and national-level disaster preparedness and response bodies. ✔ Incorporate financial resource requirements into funding appeals. ✔ Ensure the constant, ongoing monitoring of contingency stocks and their replenishment whenever needed. ✔ Take action needed to put any necessary arrangements in place e.g. supplies, staff training, identifying focal points/working groups. ✔ Develop and/or update technical guidelines and standards, as well as associated training and orientation materials. ✔ Agree on assessment tools, indicators and processes. ✔ Put in place mitigation measures, such as advocating for or reinforcing national legislation on the marketing of breastmilk substitutes. ✔ Stockpile at country or regional level any essential goods that might be in short supply in an emergency. ✔ Build working relationships with other key clusters, e.g. Health, WASH, Food Security. ✔ Support the national authority in developing national disaster plans (for nutritional response). ✔ Build national capacity in key emergency nutrition responses. ✔ Establish a system for ongoing monitoring and review of emergency and contingency plans.

The NCC should **participate in any inter-cluster** emergency/contingency planning processes, in order to reflect nutrition considerations. The NCC should also **encourage individual partner agencies** to undertake similar planning processes within their own agencies, in particular in relation to operational and

management preparedness planning that will ensure that partner agencies are able to operate during the emergency.

Resources

- IASC (2007). *Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance*
- IASC (2007). *Cluster/Sector Leadership Training. Tip Sheet – Contingency Planning*
- J. Shepherd-Barron (2011). *Clusterwise 2: Disaster Risk Management; Strategy Development; Lifespan of Clusters; Preparing to Respond*

Additional resources: Examples of Nutrition Cluster response strategies can be found on the GNC website at **http://www.unicef.org/nutritioncluster**.

Chapter 6

PROMOTING STANDARDS AND DEVELOPING CAPACITY

Chapter 6:

PROMOTING STANDARDS AND DEVELOPING CAPACITY

This chapter outlines steps in identifying relevant standards for the Nutrition Cluster, as well as guidance on updating or developing standards if needed. It also provides an overview of how to identify and prioritise needs in relation to individual capacity building and institutional capacity development, in order to support and ensure adequate capacity in nutrition at country level.

6.1	**Standards within the Nutrition Cluster response**	• What are standards? • What kind of standards? Global- and national-level standards • Who is involved?
6.2	**Setting standards**	• Broad steps to take in relation to developing technical and Nutrition Cluster standards • Challenges to consider in standard setting
6.3	**Accessing technical expertise**	• Identifying areas where additional technical expertise is needed • Mobilising technical expertise
6.4	**Promoting the use of standards**	• Promotion of Nutrition Cluster standards
6.5	**Addressing capacity**	• Capacity development and capacity building • Who is involved? • Capacity mapping • Developing capacity building plans • Training

KEY POINTS

- Standards should take into account existing national and international technical guidelines, Sphere standards and cross-cutting issues.
- Nutrition standards should be developed in a consultative manner if they do not exist or need to be updated to reflect the latest global guidance. If standards exist and are in line with global guidance, the emphasis of Nutrition Cluster work should be on implementation.

- Capacity building activities need to be based on a clear assessment of available capacity and identification of needs within the cluster's member agencies, including the national authority. The assessment may be formal or informal.
- There are a variety of options for capacity building activities. In practice, immediate capacity building often focuses on training. However, the sustainability of inputs can be enhanced if these activities are linked to a larger nutrition capacity building strategy.
- Capacity building, along with supervision and monitoring of the application of standards, is a critical component in assuring the quality of the Nutrition Cluster response and an effective transition from it.

6.1 STANDARDS WITHIN THE NUTRITION CLUSTER RESPONSE

6.1.1 What are standards?

"Standards" refers to the guiding principles, policies and technical standards that define the way in which Nutrition Cluster work should be conducted and monitored. Standards need to be in place to promote quality nutrition responses and to ensure that the Nutrition Cluster's objectives are met through activities that are appropriately planned, implemented and monitored. Established standards also encourage practical engagement with other clusters by clearly defining processes and procedures as a baseline for interaction. The technical basis of standards is improved by rigorous gathering and review of evidence, while their operational aspects are often improved upon through monitoring and lesson learning.

- **Guiding principles:** a range of principles (written or unwritten) which outline "acceptable" behaviours and the way in which activities should be carried out in all circumstances by the Nutrition Cluster.
- **Policies:** the written statements of intent which steer Nutrition Cluster action in line with the agreed guiding principles.
- **Technical standards:** the technical specifications for implementation and monitoring of nutrition programming.

6.1.2 What kind of standards? Global- and national-level standards

Standards exist at different levels relevant to the Nutrition Cluster response.

- **At global level:** including frameworks for humanitarian response (e.g. Sphere Minimum Standards), technical guidance documents based on global-level consensus within normative agencies[100] and generic technical standards that may be adapted for country level (e.g. generic guidelines on community-based management of acute malnutrition (CMAM), the International Code of Marketing of Breast-milk Substitutes, the Global Strategy for Infant and Young Child Feeding jointly developed by WHO and UNICEF).
- **At national level:** including frameworks for emergency response and national-level technical standards that outline how specific programmatic interventions should be conducted (e.g. national guidelines for targeted supplementary feeding or treatment of severe acute malnutrition (SAM)) or the way in which the Nutrition Cluster coordinates its activities.

All humanitarian work should be accomplished within the framework of **humanitarian and human rights laws**; the **Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief** and commitment to the humanitarian imperative and principles of humanity, impartiality, participation and accountability; and the **Principles of Partnership** as defined under the Humanitarian Reform process (section 10.1.6).

In addition, the **Sphere Minimum Standards** outline standards in relation to how humanitarian work is done (the Core Standards), as well as overarching protection principles and specific standards in four technical areas (water supply, sanitation and hygiene promotion; food security and nutrition; shelter, settlement and non-food items; and health action). It is important to note that application of the Sphere Minimum Standards needs to be contextualised to the specific emergency context, in order to take account of what is realistic at national level and through the different phases of the emergency. The six Core Standards apply to all clusters, including nutrition, and relate to people-centred humanitarian response; coordination and collaboration; assessment; design and response; performance,

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100 For example, World Health Organization (WHO) and UNICEF (2009). *WHO Child Growth Standards and the Identification of Severe Acute Malnutrition in Infants and Children: A Joint Statement by the World Health Organization and the United Nations Children's Fund*; WHO, World Food Programme (WFP) and UNICEF (2006). *Preventing and Controlling Micronutrient Deficiencies in Populations Affected by an Emergency. Joint Statement*; UNHCR/WFP (2011). *Guidelines for Selective Feeding: The Management of Malnutrition in Emergencies*; IFE Core Group (2007). *Operational Guidance for Emergency Relief Staff and Programme Managers on Infant and Young Child Feeding in Emergencies. Version 2.1.*

transparency and learning; and aid worker performance. In addition, the Sphere Minimum Standards outline seven technical standards in food security and nutrition in relation to:

- **food security and nutrition assesments:** the food security and nutritional needs of the population are assessed;
- **infant and young child feeding (IYCF):** safe and appropriate practices are protected through policy guidance, and support is provided to mothers and care-givers;
- **moderate acute malnutrition:** moderate malnutrition is addressed;
- **severe acute malnutrition:** severe malnutrition is addressed;
- **micronutrient malnutrition:** micronutrient deficiencies are addressed.

Guidance notes outline key things to consider in each of these areas, which can be used to help adapt each technical standard to the specific emergency. While the Sphere nutrition standards are extracted above as a distinct unit, it is important to remember that the ultimate ability to meet these standards is linked to the fulfilment of the standards in other technical areas.

6.1.3 Who is involved?

A wide range of actors are relevant in setting standards.

- The Nutrition Cluster Coordinator (NCC) facilitates the process of identification, review, development and promotion of standards with Nutrition Cluster partners, stakeholders and other clusters. Specifically, the NCC:
  - ✔ identifies **relevant global and national standards** for the Nutrition Cluster response and ensures that Nutrition Cluster partners are aware of them;
  - ✔ establishes a **mechanism** for the definition and coordination of guiding principles, policies and standards for the Nutrition Cluster, including facilitating the identification of which standards (if any) require strengthening or development;
  - ✔ **advocates for the enhancement** of existing national technical standards where national policies and standards fall below global normative standards;
  - ✔ ensures that technical standards developed through the Nutrition Cluster **contribute to national-level technical standards** and comply with existing policy guidance, technical standards and relevant national authority legal obligations regarding human rights;

  - ✔ ensures that adequate **technical resources are identified** and engaged to contribute to technical standard setting;
  - ✔ ensures that **cross-cutting issues** (e.g. the inclusion of sex- and gender-disaggregated data (SADD)) are addressed in technical standards and Nutrition Cluster standards;
  - ✔ ensures that the principles, policies and standards proposed provide sufficient clarity for Nutrition Cluster actors and address all critical aspects of the nutrition response;
  - ✔ **liaises with other clusters** in order to integrate relevant aspects of nutrition standards into other cluster standards, as well as to integrate relevant standards from other clusters into nutrition standards;
  - ✔ ensures that responses are in line with these standards by promoting adequate **monitoring and supervision systems** within the Nutrition Cluster;
  - ✔ ensures that plans are formulated to develop individual and institutional capacity to meet these standards.

- **Nutrition Cluster partners** are involved in identifying and prioritising the areas in which technical and Nutrition Cluster standards are needed and engaging in the development/update process. Nutrition Cluster partners are also involved in identifying and supplying the required technical expertise to refine standards. As implementers of the response, they also have a role to play in aiming to fulfil and respect standards, which may specify capacity building. Their role in developing and implementing standards should be outlined in the Nutrition Cluster response strategy and/or the Nutrition Cluster Terms of Reference (TOR)/Standard Operating Procedures (SOP).
- **Institutions and organisations which may not be an active part of the Nutrition Cluster mechanism at country level**, such as research and academic institutions involved in pre-service training, professional organisations of relevant staff such as paediatricians and nursing staff, and technical experts in-country or out-of-country, may have a role to play. They can be called upon as resources for developing training materials, harmonising standards in pre-service training and conducting in-service training or longer-term institutional capacity building. They can also be called upon for specific pieces of work such as assessments, evaluations and lesson learning, which can feed back into standard setting. The Global Nutrition Cluster Coordination Team (GNC-CT) and

nutrition staff at the Cluster Lead Agency (CLA) regional office are often called upon to provide technical inputs into standard setting.

- Ideally, **other clusters** are also engaged. Development of standards in relevant clusters should take into account standards in nutrition, just as standards in nutrition should be developed in such a way as to take into account standards in other relevant clusters that influence nutrition outcomes. Other clusters will also be engaged in training staff in the humanitarian response, which presents opportunities to ensure that staff have a basic minimum understanding of the complementarity between nutrition and their own clusters. This coordination may take place through the Inter-Cluster Coordination Group (ICCG) or through targeted bilateral discussions with the NCC or focal points in the Nutrition Cluster.

6.2 SETTING STANDARDS

6.2.1 Broad steps to take in relation to setting technical and Nutrition Cluster standards

In practice, there is often a need for the Nutrition Cluster to review, update or strengthen technical standards in relation to nutrition activities. There are three scenarios relating to technical standards for the Nutrition Cluster, as set out in Table 6.1.

Table 6.1: Different scenarios relating to technical standards for the Nutrition cluster

National guidelines exist and are in line with latest global guidance	National standards exist but are not in line with the latest global guidance	National standards do not exist and/or technical standards being used by Nutrition Cluster partners are not harmonised
In this case, the focus is on **ensuring the promotion and use of standards** and the linkage to viable monitoring and evaluation (M&E) systems to support their use. Where guidelines and protocols exist but are not widely implemented or practised at community and facility levels, effort should be directed towards improving the knowledge and practices of Nutrition Cluster partners and monitoring the implementation of standards and protocols at facility and community levels.	In this case, the focus is on **consultative development and/ or updating the standards**. The NCC should facilitate dialogue among all stakeholders to agree on the standards and best practices to be applied if national policies and guidelines are not in line with the latest global evidence or recommended practices.	In this case, the focus is on identifying, in a consultative manner, the priority standards to develop, and subsequent facilitation of the development process in whichever way is required, given the context and available capacity. At times, interim guidance is required to provide some common understanding while more detailed and consultative standards are developed. Where it is possible to harmonise technical standards between Nutrition Cluster partners, this should be pursued. This can be limited in practice, however, as some agencies are required to use agency-specific technical standards.

In practice, **technical standards** applied in emergencies have included those for CMAM, targeted supplementary feeding programmes (SFPs), blanket SFPs, promotion of optimal IYCF practices including regulation of the use of breastmilk substitutes (BMS), micronutrient supplementation and fortification, and nutrition assessment including the use of WHO growth curves, survey protocols, screening and surveillance. Technical standards have also included guidance for non-nutrition partners around nutrition in general, as well as around displaced populations (see **guidance note** example on the GNC website).

The process of reviewing and developing technical standards provides an opportunity to strengthen working relationships between Nutrition Cluster partners (Table 6.2). However, this process can be challenging. The NCC may need to orient partners on the technical basis of global evidence for recommended standards. The national authority may not accept global evidence and may want to generate data from operational research in its own country – which would, however, undermine the capacity to respond in the short term. The NCC often plays an advocacy role, negotiating to find a balance between supporting country-level standards (including updating standards) and creating space for Nutrition Cluster partners to deliver services according to agreed-upon parameters. In practice, this may mean that partners are able to use their own agency's chosen guidelines until such time as a national guideline is developed and rolled out. Guidelines developed within the Nutrition Cluster should also be developed with the aim of supporting national guidelines.

Table 6.2: Establishing technical standards

Steps	Points to consider
1. Identify critical issues around which clear guidance is needed, and create stakeholder buy-in.	✔ Identify what **relevant standards** exist at global and national levels, and ensure that Nutrition Cluster partners **have access** to them. ✔ Ensure that **available standards are reviewed** in terms of their coherence with international standards, and the degree to which they are used in-country. ✔ Establish a **mechanism** for Nutrition Cluster partners to suggest or raise issues about which guiding principles, policies or technical standards are required. The Nutrition Cluster as a whole and relevant stakeholders should have **buy-in to the standards that are identified and prioritised**.

Table 6.2: Establishing technical standards

Steps	Points to consider
2. Prioritise standards to address, based on the context and available capacity.	✔ As a cluster, **prioritise** the minimum standards to be addressed, and initiate **foundational activities** for addressing standards in areas that are not being prioritised. **Revisit** the priority areas during strategic reviews of the Nutrition Cluster's work. ✔ Develop **realistic plans** for addressing these gaps by prioritising specific standards. ● It can be challenging to develop detailed standards during the emergency, as the response needs to take place while standards are being developed/ updated. At times, **shorter, more operational guidance notes** may be developed to meet this gap in guidance as an interim measure. ● Building on available standards and incorporating existing standards (whether perfect or not), where relevant and possible, helps to **promote buy-in from partners**. ✔ As a cluster, **identify whether there is capacity** in-country (within the cluster or within resource institutions) to develop the standards needed. If this capacity does not exist, begin the process of accessing external technical expertise through consultancies and/ or consultation with the GNC (section 6.3).
3. Develop an appropriate mechanism and activity plan to address priority gaps in standards.	✔ It is critical to have the **relevant stakeholders involved** in the standard setting process. **Consensus building** may be critical to ensure that no single agency's viewpoint is over-emphasised over collective inputs. ✔ Based on the review of in-country technical expertise and the timeframe, formally **designate an appropriate group of individuals** to take the process forward. Developing standards within a short timeframe is generally best done with a group of technical experts in a Technical Working Group (TWG) (section 2.2.2). ✔ When there is more than one TWG (e.g. when more than one standard is being developed), the same individuals may be members of more than one group. As a result, **coordinating the timing of meetings** may need to take these other obligations into account. ✔ The **TOR** for the TWG needs to be understood and be clear and transparent, feeding into national standards. ✔ Ensure that the **language of discussion and documentation** is accessible to both national actors and to the technical expertise of the Nutrition Cluster. This may require translation of documentation and translation during discussion and feedback sessions. Time and resources to do this should be included in the process planning. ✔ **Draft, review, pre-test and revise** technical standards in relation to the wider Nutrition Cluster (see Step 4 below). Ensure that the language, format and examples are appropriate to the country's context, and that the standards are presented in a user-friendly format. ✔ Ensure that standards take into account relevant **standards in other clusters**, and that appropriate consideration of **gender and age** and other cross-cutting issues is mainstreamed into the standards to the greatest extent possible. ✔ Ensure that **appropriate and feasible indicators** are developed to monitor the implementation and impact of the standards, and that these include both quantitative and qualitative aspects.

Table 6.2: Establishing technical standards	
Steps	**Points to consider**
4. Facilitate an effective feedback mechanism between TWGs and the wider Nutrition Cluster forum.	✔ In linking TWGs and the larger Nutrition Cluster forum, **brief progress updates** are helpful. These are best complemented by **periodic presentations and discussion** with the Nutrition Cluster as a whole, to ensure that partners are strategically engaged and that they support the development of the standards. ✔ When sending materials for comment, the **type and depth of feedback sought** should be clarified to make best use of partners' time. ✔ Ensure that the **national authority is engaged in the feedback process**, as the ultimate aim is to support national-level standards.
5. Ensure that standards are disseminated, scaled up and incorporated into appropriate M&E systems and national standards.	✔ Clearly articulate, in all relevant languages, and **widely disseminate** agreed standards to all Nutrition Cluster stakeholders, including affected communities. ✔ Ensure that development of standards is **linked to capacity development planning and a roll-out plan** (e.g. orientation sessions) around the standards. ✔ Ensure that standards **are integrated/adopted into national guidelines**. This may include advocacy at national level with policy-makers, but also with local-level stakeholders and authorities, in addition to service providers. ✔ Ensure that **information management (IM) systems and M&E systems** take into account both pre-existing and newly developed standards. Ensure that they are integrated into supportive supervision mechanisms.
6. Ensure that relevant M&E information is gathered and fed into standards as needed and that other standards are addressed as needed.	✔ Where information from the M&E system suggests that there are **shortfalls in the application** of standards, bring the issue to the Nutrition Cluster for discussion as to the most appropriate way forward. ✔ Undertake **periodic review** of the standards and ensure that they remain relevant in the emergency context. ✔ **Identify if it is appropriate to develop or revise additional standards**, and revisit the initial priorities and progress in the development and use of standards.

Standard setting is not something that is done once only during an emergency. Guiding principles, policies and technical standards need to be continuously updated and developed as the context changes and information from M&E of standards is gathered and reviewed. Nor is standard setting confined to the emergency period. Some agencies have mandates to work with national authorities to set standards both during and outside of emergencies. For example, UNICEF has a mandate to work with national authorities in standard setting for nutrition in relation to women and children. WHO also engages in the development of country-level technical standards. While there is no similar agency with a mandate for developing standards for other vulnerable groups at country level, efforts may

be under way in a particular emergency, led by the national authority or specific agencies. The NCC needs to ensure that these opportunities for collaboration are identified and that roles, responsibilities and partnerships between the Nutrition Cluster and such initiatives are clear in relation to standard setting.

6.2.2 Challenges to consider in standard setting

Development of standards is part of a continuum of activities that are necessary to ensure that standards are used and that they contribute to quality programming (Table 6.3).

Table 6.3: Challenges in developing strategies and suggestions to address them

Challenges	Points to consider
Development	
• There is limited time for consultation during the emergency. • A country already has its own national standards and views global standards as imposing a Western or foreign influence. • Agencies have their own internal guidelines and cannot or will not update these or harmonise them with the national standard. • Updating one standard means that other standards have to be updated and harmonised, but there is limited time or capacity to do so. • The standards and guidance required are changing due to the changing context. • There is limited global guidance in a specific technical area.	✔ Agree as a Nutrition Cluster to designate a **smaller TWG** to work on the standards, with regular feedback and engagement of the Nutrition Cluster. ✔ Consider developing "**working guidance notes**" or addenda to national guidelines to ensure that some guidance is available in the interim while formal national guidelines are being developed. ✔ Get to **know the existing national standards**, and assess how they link to global standards in nutrition, before engaging in discussion with government officials. National standards and global standards on nutrition should be compatible. ✔ Try to **reach agreement on priority nutrition issues with the national authority** as a starting point, and revisit these priorities on a regular basis. ✔ Regularly **review the Nutrition Cluster response strategy**, starting from problem analysis. In this way appropriate adjustments to standards and indicators can be made. ✔ **Promote regional and global partnerships** in order to exchange ideas and build on experiences and guidelines used in other contexts.
Awareness	
• There is limited awareness/ understanding of nutrition in emergencies. • The national authority, Nutrition Cluster and/or other clusters are not aware of the standards.	✔ **Raise awareness** about critical issues around nutrition in emergencies, through training, orientations, workshops, campaigns and meetings with relevant actors, including policy-makers, decision-makers and technical staff. ✔ **Mainstream global standards** in nutrition into cluster practices/ tools, e.g. TOR/SOP for the Nutrition Cluster, rapid and comprehensive joint assessment tools, Situation Reports, etc. ✔ Create and nurture relationships with **advocates** within government to increase political will.

Table 6.3: Challenges in developing strategies and suggestions to address them

Challenges	Points to consider
Utilisation	
● The standards are not being used, owing either to gaps in capacity or to lack of will. ● Scaling up the standards requires additional training and supportive supervision. ● Staff turnover rates are high, leading to repeated loss of individuals familiar with the standards.	✔ Ensure that a plan for **dissemination and scaling up** is discussed at the same time that the guidance is being developed. While it may not be feasible to have separate rounds of training and capacity building for each standard as it is finalised, a mechanism for ongoing skills development and tracking staff turnover is critical to facilitate implementation. ✔ Incorporate **monitoring indicators for the standards** into the M&E plans for the Nutrition Cluster and ensure that the information is reviewed through the Nutrition Cluster mechanism. ✔ Ensure that **capacity mapping** covers all of the available nutrition standards and give careful consideration to Nutrition Cluster partners with weaker capacities in gap analysis and response planning.
Institutionalisation	
● The standards are not institutionalised in relevant policies or procedures.	✔ **Integrate standards for nutrition in emergencies** into national development plans, Sector-Wide Approaches (SWAps) and Poverty Reduction Strategies (PRSs). ✔ Work with Nutrition Cluster partners and **encourage them to share nutrition standards** with their heads of agencies and national/local partners. ✔ **Build on existing standards** and consider how they can be enhanced in line with the Sphere Minimum Standards, where feasible.
Impact	
● It is unclear what the impact of the nutrition standards is on the coverage and quality of nutrition programming.	✔ Build indicators from the standards into **M&E** frameworks and Nutrition Cluster performance reviews. ✔ Advocate for resources to enable national and local authorities to **monitor Nutrition Cluster performance**, in order to: ● help build capacity; ● strengthen monitoring and accountability; ● provide the legitimacy needed to demand compliance or remedial action.

6.3 ACCESSING TECHNICAL EXPERTISE

6.3.1 Identifying areas where additional technical expertise is needed

A range of skills and human resource capacities are needed to support Nutrition Cluster coordination and the nutrition response in an emergency. Additional technical expertise may be required when human resources are limited in terms of capacity, number or time to address the specific activities laid out in the Nutrition Cluster response strategy. The needs for technical expertise will vary depending on the context and the available capacity of individuals, including the flexibility to give their time to provide technical support if this is not their full-time role. The role of the NCC is to work with the Nutrition Cluster to:

- **identify and prioritise the areas** where specific expertise is needed;
- identify the most appropriate and feasible **way to fill these needs**;
- **secure commitments** from relevant agencies to meet these needs.

6.3.2 Mobilising technical expertise

Technical expertise can be drawn from a wide range of resources. It can be engaged through formal mechanisms (e.g. secondment of staff, temporary deployment of staff or hiring of consultants) or informal (e.g. voluntary) mechanisms. Developing formal TORs for technical expertise through consultation with the Nutrition Cluster can ensure that the needs of the collective are clearly articulated and that roles and responsibilities are clear. Time commitments from these additional resources, in particular for individuals acting on a voluntary basis, need to be realistic. While a specific group or individual may be tasked with addressing a technical gap, it is important to ensure that these issues are not seen solely as something to be dealt with by experts. This perception can be addressed by ensuring that the outcomes of TWG discussions are fully integrated into the agenda for cluster meetings. The process of identifying where specialised technical expertise is needed is linked to the work of the IM manager in relation to capacity mapping (section 6.5.3).

Those involved in addressing gaps in technical capacity include the following:

- **The NCC** has the overall role of coordination, including identifying needs for technical expertise. While the NCC will invariably have a technical background

in nutrition and can often provide technical inputs and specialised skills and experience in programming, s/he will generally not have technical expertise in the whole range of areas where additional expertise is required. The NCC should not be relied upon as the primary technical expert, so as to ensure that their coordination function is adequately addressed.

- **Nutrition Cluster partner agencies**, including NGO, INGO and national authority representatives, are commonly part of TWGs that are designated to develop standards or strategic information. Nutrition Cluster partner staff may also be seconded from their original agency roles for specific periods of time to provide focused technical support or coordination support. For larger projects or activities, Nutrition Cluster partners may be sub-contracted to provide technical support, as needed and as appropriate.
- **In-country expertise:** While they may not be standing members of the Nutrition Cluster mechanism, national authority ministries and departments, civil society, academic and research institutions and professional associations can provide technical expertise, depending on the specific need.
- **International expertise:** At times, in-country resources will be unable to meet the need for technical expertise. Out-of-country expertise is often accessed through direct advertisement for consultants or communication with the GNC-CT, as well as communication with headquarters and regional-level technical staff from the CLA and cluster partner agencies. At times, the NCC can address technical queries to the same resources. At other times, in particular during consultative processes, additional technical support is needed in-country.

Some **examples of TORs for specific technical inputs** in SAM, MAM, IYCF and micronutrient deficiency diseases (MDDs) can be found on the GNC website.

6.4 PROMOTING THE USE OF STANDARDS

The application of standards and guidelines can be encouraged by means of action at key points in the emergency response (Table 6.4).

Table 6.4: Promotion of Nutrition Cluster standards	
Area	**Points to consider**
Preparedness	✔ Ensure that **strategic review** and development/update of relevant national and international guidelines and standards are part of emergency preparedness activities. ✔ Conduct **orientations** for key actors in nutrition and nutrition-related areas in relation to basic concepts, standards and guidelines in nutrition and the Cluster Approach. ✔ Promote the **dissemination**, including translation, of key national and international standards in nutrition. ✔ **Advocate for the mainstreaming** of nutrition issues into national development planning, emergency preparedness and guidelines of relevant sectors.
Assessment	✔ **Coordinate** the establishment of joint assessments or joint assessment tools, drawing on relevant national and international standards. ✔ Facilitate an **agreement** for joint monitoring, including what data should be collected and how frequently, and the data collection methodology.
Ongoing coordination	✔ Use **national and international standards as a guiding framework** for managing meetings. ✔ Facilitate the **inclusion of all stakeholders** through the dissemination and, where necessary, the translation of all proceedings and materials. ✔ **Review Nutrition Cluster partner project proposals** to ensure that they meet agreed standards and address cross-cutting issues.
Awareness and dissemination	✔ **Translate** national standards and guidelines and other key international and national documents into applicable languages. ✔ Disseminate and raise awareness on the Nutrition Cluster standards through **systematic training and distribution** to all individuals and organisations in nutrition and nutrition-related areas. ✔ Systematically introduce, distribute and use Nutrition Cluster standards **through coordination meetings** at national and sub-national levels.
Programming and reporting	✔ **Contextualise indicators** for the national standards to the emergency and ensure that they are mainstreamed into IM systems. Ensure also that indicators are **gender-sensitive**. ✔ Organise a **system for monitoring standards**. Collaborative or joint monitoring trips help to promote buy-in and mutual accountability between Nutrition Cluster partners. ✔ **Monitor indicators** of nutrition status and nutrition service provision and, when necessary, draw attention to divergence from national standards and best practice and suggest what could be done to improve the situation.
Advocacy	✔ **Refer** to Nutrition Cluster standards and other international standards when raising awareness about the importance of nutrition in an emergency response. ✔ **Highlight linkages** between Nutrition Cluster standards and the Sphere Minimum Standards when advocating with humanitarian partners for nutrition as a life-saving and life-sustaining sector in emergency response.
Lesson learning and updating standards	✔ **Review the needs** for guidelines, and issues around the application of established guidelines, and identify needs for further update and/or development. ✔ **Build lessons learned** from the application of standards into the revision process.

Work towards meeting standards **progressively** in order to take into account what is feasible, given the emergency context. Standards may seem to be set high because they articulate good practice, but they also define the minimum requirements for quality nutrition programming. In some instances, it may not be possible to meet the standards and associated indicators immediately. When this happens, it is important to identify the reasons for the gap and what needs to be changed in order to progressively realise the standards, without demotivating Nutrition Cluster partners. Once the reasons for a gap are known, programme and policy strategies can be developed and advocacy undertaken to mitigate them.

6.5 ADDRESSING CAPACITY

6.5.1 Capacity development and capacity building

The ability to fulfil standards depends on the existing capacity of individuals and institutions. The emergency response should both build on existing capacity and contribute to improving the capacity of Nutrition Cluster partners for future emergency response.

Capacity development refers to building ownership, changing systems and creating an enabling environment, as well as technology transfer, skills development and organisational strengthening. It is a comprehensive, complex endeavour linking three domains, primarily at an institutional level, namely:

- **knowing what to do:** objectives, standards, policies and protocols, principles and mandates;
- **having the resources to do it:** human, financial, material;
- **being organised to do it:** authority for decisions, reporting lines and communication, links with other players.[101]

Capacity building refers to developing the skills of Nutrition Cluster participants so that they are better equipped to participate and to promote actions to safeguard the nutrition status of individuals and populations.[102] Capacity building, along with supervision and monitoring of the application of standards, is a critical component in assuring the quality of the Nutrition Cluster response. In practice, capacity building often focuses on training during an emergency, in order to ensure that

101 L. Gostalow (2007). *Capacity Development for Nutrition in Emergencies: Beginning to Synthesise Experiences and Insights*.

102 Ibid.

- **Capacity** is defined as the ability of individuals, institutions and societies to perform functions, solve problems and set and achieve objectives in a sustainable manner.
- **Capacity development** refers to the activities, approaches, strategies and methodologies that help organisations, groups and individuals to improve their performance and achieve their objectives.
- **Capacity building** refers to developing the skills of Nutrition Cluster participants in such a way that they are better equipped to participate and to promote actions to safeguard the nutrition status of individuals and populations.
- **Training** refers to the teaching of knowledge and skills for capacity development i.e. it is one component of capacity development, but on its own it cannot build capacity



people have the skills and knowledge needed to implement activities to the technical standards that have been agreed. **Training**, however, is only one of several capacity building activities (Table 6.6). Capacity building is not a one-time activity but is a dynamic process that should be regularly reviewed and updated within the Nutrition Cluster.

Efforts to build the capacity of individuals are often influenced by the wider institutional framework. Motivation requires organisational and institutional support and systems, as well as personal drivers.[103] For example, a lack of adequate human resources management (which can be addressed through capacity development) can result in high rates of staff turnover.

In practice, advocacy and promotion of capacity development (strengthening the institutional framework to create an environment where improved skills can be acquired and practised) are important, but the priority focus is on capacity building (strengthening the skills of individuals for action). As a result, the Nutrition Cluster needs to balance capacity development and capacity building to the best extent

103 L. Gostalow (2007). *Capacity Development for Nutrition in Emergencies: Beginning to Synthesise Experiences and Insights*.

possible. The focus of this chapter is on capacity building, as capacity development is beyond the scope of this handbook.

6.5.2 Who is involved?

- **The NCC** has responsibility for leading the process of capacity building within the Nutrition Cluster and supporting efforts to strengthen the capacities of the national authority and civil society. In practice this includes:
  - ✔ **identifying available in-country capacity**, through a formal capacity mapping exercise, analysis of Who, What, Where (When) (3W/4W) information and/or direct discussions with the Nutrition Cluster and relevant stakeholders, if this has not already been done through emergency preparedness activities;
  - ✔ establishing an appropriate **mechanism** within the Nutrition Cluster to identify and prioritise capacity building/development needs;
  - ✔ ensuring that a **Nutrition Cluster capacity building plan** is outlined, reflecting the inputs of the collective, and that, where possible and feasible, capacity development activities are incorporated;
  - ✔ liaising with **other clusters to identify common areas/aims** of capacity building and the development of coordinated programming in these areas where there is value added;
  - ✔ ensuring that **any gender imbalances** in capacity **are identified** and addressed, where possible;
  - ✔ promoting **implementation** of the capacity building plan through regular review of progress within the Nutrition Cluster;
  - ✔ ensuring that capacity building plans are **updated** to reflect relevant needs.
- **Nutrition Cluster partners** contribute to capacity assessment, definition and prioritisation of capacity building needs and to the development of coordinated plans to address these priorities. Partners have responsibility for incorporating appropriate capacity building activities within their own organisations. They are also involved in implementing and monitoring the Nutrition Cluster's capacity building activities.

6.5.3 Capacity mapping

Capacity mapping is a critical part of emergency preparedness and an essential activity to guide capacity building activities, including those related to the transition strategy. In practice, however, capacity mapping is not often done as a formal assessment in an emergency, despite its value in guiding efforts to address shortfalls in staffing levels, knowledge and skills. Often resources are prioritised for emergency response as opposed to capacity building, which is viewed as an activity for development contexts. In reality, there may be times when the Nutrition Cluster needs to develop partner capacity in the short term in order to be able to implement an appropriate emergency response.

Planning around capacity mapping, like any technical issue for the Nutrition Cluster, can be aided by designating the task to a specific TWG. The capacity mapping process should aim to:

- ✔ **assess existing capacity** and identify capacity building **needs** among Nutrition Cluster partners at national and sub-national levels;
- ✔ **highlight training and capacity building opportunities** for Nutrition Cluster partners and other cluster partners and humanitarian actors in response to the emergency;
- ✔ **collect information that is not already available** but is required to develop a feasible and measurable capacity development plan.

Currently, there are no global guidelines for capacity mapping for nutrition in emergencies, but there are several sources of information, including:

- **structured discussions within the Nutrition Cluster and with relevant stakeholders** outlining staffing levels, available skills and other relevant parameters of those engaged in the nutrition response, in addition to available training and capacity building initiatives;
- **structured discussions with other clusters** to highlight available training and capacity building initiatives;
- **review of 3W/4W** information in terms of geographic coverage of capacity, in light of a stakeholder analysis (section 3.5.3);
- **formal capacity mapping assessment**. A capacity mapping tool, like any assessment tool, needs to be developed based on the specific objectives of the assessment and an understanding of how the information will be used. Developing such a tool can be challenging during an emergency, and is better

done as part of emergency preparedness. One tool was piloted for nutrition in 2011 and is available for country-level adaptation (Box 6.1). In addition, the WASH Cluster has developed an extensive capacity mapping tool.

In planning for capacity mapping, it is critical that a number of issues are clarified, such as:

- the **target groups** for capacity mapping, e.g. whether these include all actors engaged in the emergency response in nutrition, including international, national and local actors, or only specific actors;
- the **scope of the mapping**, e.g. whether it is for capacity building work or for capacity development;
- the **objectives** of capacity building, e.g. short-term, medium-term or long-term;
- the minimum information that is needed to develop a capacity-building plan to meet the objectives of the Nutrition Cluster;
- what **information already exists** about who is working where, in what geographic area and in what specific nutrition or nutrition-related activities (e.g. 3W/4W information);
- what information already exists about **staffing levels, training and qualifications**;
- whether or not there are clear competencies for nutrition staff;
- the **likelihood of the available capacity on the ground changing**, and the period for which the capacity assessment information is likely to remain valid.

Box 6.1: Global Nutrition Cluster capacity mapping

The GNC undertook a process of capacity building in eight priority countries in 2011, with financial support from ECHO. One component included the development of a capacity mapping tool that drew components from similar tools in nutrition and other clusters. The tool collected information on staffing levels, staff training, programmes, supplies and capacity for emergency response, and presented this information in standard report templates. The information has been used at both country and global levels to guide further capacity building efforts. The tool, including the standard report, TORs for consultants and other materials, is available in English and French on the GNC website for further adaptation and use.

6.5.4 Developing capacity building plans

A formal capacity mapping assessment may take some time, depending on the depth of information sought and the resources available to conduct the assessment. Interim planning based on 3W/4W information and structured discussions is often required to identify key short-term capacity building needs. These plans and activities should be reflected in the Nutrition Cluster response strategy, though the details may be very brief in preliminary versions. Capacity building plans and activities may also be consolidated in a stand-alone document.

In practice, the two primary areas for capacity building often centre around the Cluster Approach and the implementation of technical nutrition interventions. Capacity building plans often need to reflect a phased approach, in order to ensure that capacity building activities do not limit the human resources available on the ground to deliver the nutrition response (e.g. through their involvement in specific trainings). Activities may be phased in terms of different rounds of training that target a small number of staff per agency until all staff are trained, or in terms of

Box 6.2: Case examples of capacity building activities in practice

The Nutrition Cluster needs to work with existing capacity and, where necessary and feasible, develop further capacity. This may include:

- facilitating short but intense "crash course" trainings for a larger number of partners – as in Pakistan in 2010, when initial capacity to treat SAM was limited;
- developing guidance notes for nutrition stakeholders and other cluster agencies that are simple and easy to follow – e.g. in South Sudan in 2010 the Nutrition Cluster developed guidance notes on minimum nutrition considerations for other agencies in response to returnee movements;
- establishing mentoring e.g. as done by Médecins Sans Frontières (MSF) for other NGO staff in Niger, or development of centres of excellence for in-patient treatment of SAM where staff from other agencies can spend time learning in an active programme, as in the centres established by Action Contre la Faim (ACF) in South Darfur in 2009;
- putting in place well developed systems for knowledge management (section 9.2.5.a), whereby all agencies receive broad orientations on key issues and all new agencies have specific orientation mechanisms so that they are familiar with the Nutrition Cluster and with relevant standards.

depth of information, where minimum capacity is addressed in the first round and built on in subsequent rounds of training (Box 6.2). In practice, it can be challenging to balance the implementation of Nutrition Cluster activities with capacity building activities, which require additional time, money and human resources.

There is no standard template for capacity building plans. A plan should be developed based on available assessment information, should have the buy-in of Nutrition Cluster partners, should be relevant to the context and should be updated as needed (Table 6.5).

Table 6.5: Sample outline for capacity building plans

Overview of capacity and gaps	This section should include any relevant information from capacity mapping and the emergency context.
Objectives	This section should contain very clear and measurable objectives, clarifying which are long-term, short-term and medium-term. It should: ✔ clearly answer the questions of "capacity building for whom, in what, and for what purpose?" and provide guidance on priorities, from immediate capacity building needs to longer-term needs; ✔ be comprehensive at the national level (but incorporate sub-national needs and plans where applicable) in order to mobilise political support as well as financial and technical resources.
Target groups	This section should detail the target groups and the rationale for their selection.
Specific activities and action plan	The specific activities should reflect the priority groups and topics that are most relevant to achieving the objectives of the Nutrition Cluster response strategy. Capacity building plans often involve many different mechanisms (Table 6.6). Working with the national authority to establish policies and incorporate nutrition skills into pre-service training of health staff is often needed to facilitate recovery, especially in a complex (conflict-related) crisis. This section should also define who will support which aspects of the capacity building plan. Drawing on the technical expertise and resources of partners to implement the plan will protect against risks such as under-utilising existing Nutrition Cluster capacities, overlooking valuable skills and experience, demotivating Nutrition Cluster participants, inadequately involving national and local organisations, and inadequate local knowledge giving rise to errors and insensitivities. This section should: ✔ outline supportive actions for the sustainability of capacity development inputs, which may include a national coordination mechanism to oversee the process of formulating, implementing and monitoring the strategy; ✔ clearly define links to the transition strategy, where applicable.

Table 6.5: Sample outline for capacity building plans

Potential constraints and how to address them	This section should outline the potential risks to capacity building efforts and what, if any, measures are put in place to address them. Some common risks to capacity building include: ✔ a lack of commitment to capacity building during the height of the emergency, which can undermine national capacity; ✔ inclusion of individuals who do not use what they have learned in training in their daily work, due to a lack of clear selection criteria and processes; ✔ lack of systems to track who has been trained, when, where and in what, leading to duplications or gaps in training; ✔ lack of adequate human resource management, which results in high rates of staff turnover among international and national staff, undermining the benefit of individual capacity building.
Monitoring and evaluation (M&E)	This section should outline mechanisms for M&E of the impact of capacity building/ development activities.
Resources	The plans should be realistically costed and outlined in this section (if a stand-alone document) or as part of the Nutrition Cluster response strategy (if the capacity building/assessment activities are included in that document). This section is critical to ensure that the resources required are specified and can therefore be incorporated into appeals and other fundraising mechanisms.

There are a number of ways in which gaps in capacity identified through capacity mapping can be addressed, depending on the specific objectives, targets and resources available for capacity building (Table 6.6).

Table 6.6: Mechanisms to consider for capacity-building activities

Mechanism	General target audiences	Points to consider
The way the Nutrition Cluster coordinates and shares information	Cluster partners and relevant stakeholders	The way that the Nutrition Cluster communicates and engages with partners can **promote partner participation**, and therefore exposure to new skills or information. For example, consider: ✔ holding meetings **at the offices of the national authority** to increase participation by national staff or using communication strategies that allow national actors to participate; ✔ **minimising information and reporting requirements** to save time and accommodate weaker IT and reporting capacities of some agencies; ✔ providing information and training in **forms that are appropriate to the recipients**, e.g. consider use of language and terminologies, translation, understanding of signs and diagrams; ✔ promoting **good human resource management practice**, including a policy of **working through local organisations** rather than recruiting skilled staff to work with international organisations.[1] 1 For more information, see **http://www.peopleinaid.org**.
Orientations to the cluster	Newly arrived staff and staff who are new to their positions; senior policy-makers; focal persons from other clusters	✔ Orientation to the Nutrition Cluster refers to **sharing an understanding of who/what the Nutrition Cluster is**, what it is doing, and standards, guidelines and resources in nutrition. ✔ This information can be shared through **leaflets** (e.g. WASH in Indonesia) or **bilateral introductions** to new cluster members (e.g. asking newly arrived staff to come to the cluster meeting early for an overview), as well as through more **formal orientation** sessions.

Table 6.6: Mechanisms to consider for capacity-building activities		
Mechanism	**General target audiences**	**Points to consider**
In-service training	National and international actors in nutrition, as well as staff in relevant sectors working on programming that can affect the nutrition response	✔ In-service training refers to **initial training** (to expose individuals to new knowledge and skills) as well as **refresher training** (to upgrade knowledge and skills). ✔ These trainings need to ensure an appropriate **balance of theoretical information and practical work**. They also need to **take into account the diverse backgrounds** that trainees may have, which will influence the format and depth of information presented. ✔ In-service training may be done on a **one-time only basis** where those who are trained are expected to implement their new knowledge and skills, or it may be done through a "**training of trainers**" approach where those trained are expected to train others. Practically, however, it can be difficult to ensure quality in this second type of "cascade" training. Training of trainers activities are also of limited use if they are not tied to a specific, and feasible, follow-up/scaling-up plan. ✔ The **limitations of training also need to be very clear**. Just because someone has gone through a training session, they cannot be immediately expected to have mastered the material without time to practise their new skills with supportive supervision.
Pre-service training	National actors in nutrition, e.g. nutritionists, midwives, paediatricians	✔ This refers to incorporating key principles, information and skills into the **training courses and curricula** of academic training institutes in line with technical standards for the Nutrition Cluster and nutrition in emergencies. Work in this area also has to be linked to updating certification of cadres of staff. ✔ Influencing pre-service training **requires an in-depth assessment** of available courses, resources and needs. It is not often done during an emergency itself, but can be done **as part of the transition strategy and also as part of early recovery activities**.
On-the-job learning	National and international staff, for specific areas and issues	✔ This refers to **one individual providing technical backstopping to another person as they learn to implement specific skills**. This is most often undertaken on a one-to-one basis within the same organisation. ✔ Capacity building through on-the-job **training needs to meet specific objectives**. National authorities often ask for some of their staff to participate in Nutrition Cluster activities, such as assessments, in order to build capacity. Without a clear TOR or clear outputs, the pressure of deadlines may undermine good intentions. Observation does not equal on-the-job training. The individual needs to be able to put the new concepts into practice, which requires additional time, and this needs to be taken into consideration in planning activities along these lines.

Table 6.6: Mechanisms to consider for capacity-building activities

Mechanism	General target audiences	Points to consider
One-to-one mentoring through peer-to-peer learning	National and international staff, for specific areas and issues	✔ This refers to **one individual giving support and feedback to another individual around new skills and knowledge, either as needed or on a regular basis**. It may not happen on a daily basis, and the two individuals may not be working in the same organisation. ✔ **Innovations** that arise through peer-to-peer learning are shared through the Nutrition Cluster mechanism.
Organisational mentoring	Organisations working in the same geographic location	✔ This refers to **one organisation with strong capacity specifically working with another agency at all or at specific levels** of operation (e.g. supervision, management, technical skills) in order to achieve specific improvements in service delivery. ✔ This often requires **additional human and financial resources**, as well as a clear TOR for expectations and inputs by both agencies.
Centres of excellence	National and international staff, for specific areas and issues	✔ This involves organisations which have met specific performance standards providing the **opportunity for individuals from other agencies to spend some time working in their organisation or in point-of-service delivery in order to develop skills** through on-the-job learning in a specifically supervised situation. Individuals learn practical skills for a specified period of time and then return to their own jobs. ✔ **Criteria for a centre of excellence must be very clear**. The centre may be supported by the national authority or by another Nutrition Cluster partner. In order to provide this service, however, the supporting agency needs to have additional administrative support. This function is ideally linked to longer-term national development and pre-service training.
Organisational support	National authority departments, e.g. nutrition directorates in the Ministry of Health (MOH)	✔ This refers to the provision of specific **financial, material or human resources to a specific agency** in order to improve the policy and operational environment. ✔ This type of capacity building can include the **secondment of staff, financial support** in specific areas or donations of equipment. The inputs from both agencies and the expected outputs need to be outlined in a clear Memorandum of Understanding (MOU). ✔ For these inputs to be sustainable, the Nutrition Cluster needs to **advocate for running costs and maintenance costs to be mainstreamed into national authority budgets**.

The benefit of capacity building depends on the wider institutional environment. While it is beyond the scope of this handbook to fully address capacity development activities, some points for the Nutrition Cluster to consider in designing capacity building and capacity development activities include:[104]

- ✔ utilising external resources as needed, but **avoiding any impression that initiatives are being driven by outside** forces;
- ✔ adopting a **medium- to long-term perspective for planning**, as opposed to focusing only on immediate short-term training needs;
- ✔ to the greatest extent possible, ensuring that capacity building initiatives are **coordinated** so that they can build on one other, as opposed to duplicating efforts or leaving gaps;
- ✔ **promoting awareness** among policy-makers around the critical role of nutrition in development and long-term recovery, as part of wider advocacy for institutional capacity development;
- ✔ where possible and appropriate, advocating for the inclusion **of capacity development activities in national authority budgets and financing plans**.

6.5.5 Training

Training is the most common capacity-building activity in emergencies. Constraints related to timing and resources for training are often solved through good coordination and by generating agreement on objectives, standard materials and tools.

The NCC is responsible for:

- ✔ ensuring that specific training activities are **outlined in Nutrition Cluster capacity building plans** (section 6.5.4) and in **regular Nutrition Cluster activity planning**, taking into account the needs of national and international staff;
- ✔ facilitating the identification of those agencies and individuals who can act as **training resources and overall coordinators of specific trainings**, and generating commitments from Nutrition Cluster partners to do so;
- ✔ encouraging and supporting the development of **more detailed training plans**, defining the specific rationale, needs and target audience;

104 Drawn from Tekle (2001) in L. Gostalow (2007). *Capacity Development for Nutrition in Emergencies: Beginning to Synthesise Experiences and Insights*.

Box 6.3: Inter-agency capacity development planning in nutrition information

Ensuring the availability of timely nutrition information to promote emergency response planning in Darfur and emergency preparedness in other northern states of Sudan was a challenge. As of 2008, there were relatively few routine nutrition information systems outside of Darfur, limited links between the Darfur Nutrition Surveillance System and data from other sectors, and limited federal MOH capacity to generate, manage or use nutrition information. In order to strengthen the national authority's capacity in nutrition and health-related data generation, processing, dissemination and analysis, a variety of capacity development initiatives were undertaken by different agencies. However, their initiatives tended to target the same staff in federal- and state-level departments of the MOH. It became clear that there was a need for coordination between these initiatives in order to sustainably and effectively improve nutrition information capacity.

FAO and the Sudan Institutional Capacity Programme: Food Security Information for Action (SIFSIA), UNICEF, WFP and WHO came together with the MOH to create a coordination framework for capacity building in nutrition information. Their vision was that coordinated capacity development of the federal and state levels of the MOH in terms of data collection, management and analysis would contribute to improved analysis of the causes of acute malnutrition and would help identify appropriate multi-sectoral interventions addressing acute malnutrition during periods of emergency and non-emergency. The longer-term vision was for the establishment of data collection, management and analysis capacity at state level in Darfur and other states within the MOH, harmonised information systems and standards, institutionalisation of capacity and linkages to information in other sectors, and further development of federal MOH capacity as overall sector leader for addressing malnutrition. Coordination did in fact enable the FMOH to guide nutrition information capacity efforts, and to ensure that the separate agency initiatives were planned and implemented more effectively through coordinated planning.

✔ facilitating the sharing of relevant **technical training materials and resources**. Available materials may be in line with relevant global and national standards, or may need to be updated or developed, though the time available to do so is limited during an emergency;

✔ working within the Nutrition Cluster to establish a system to **track who has been trained**, in what and when, and using this information to revise capacity building activities;

✔ incorporating **monitoring of trainings** into the Nutrition Cluster M&E plan.

Nutrition Cluster partners often provide critical operational and technical resources in training activities. Partners may host the training or share reference materials and resources. They may also "loan" staff to facilitate sessions, even if they are not the primary agency facilitating the training.

Practical tips to keep in mind in preparation for trainings include the following:

✔ Ensure that every training has a **clear set of objectives** to meet specific gaps in service provision or performance, and that it is linked to follow-up efforts (e.g. not just one-off, ad hoc trainings).

✔ Ensure that issues such as **gender and age** are well reflected in the training course and/or training manuals.

✔ Maintain **updated information on training activities** that are planned, ongoing or completed.

✔ Ensure that the appropriate people are included in the training by providing **selection criteria**, e.g. nutrition managers of selective feeding programmes, nutrition policy staff, staff directly involved with implementation, etc. Relevant national and sub-national staff should be targeted.

✔ Where possible, and depending on the security situation, hold training sessions **close to the emergency-affected area** so that those who need the training are not taken from their work in order to travel.

✔ Ensure that **partners' training plans** (location, topic, targeted staff) are **shared and coordinated** through the Nutrition Cluster mechanism. Facilitate joint training events whenever possible.

✔ **Coordinate the development (or updating/adaptation) of training materials**, based as far as possible on national standards and curricula. Make these available to partners.

✔ People learn differently. They learn from what they read, what they hear, what they see, what they discuss with others and what they explain to others. A good training is one that **offers a variety of learning methods, which suit the variety of individuals in any group**. Variety helps to reinforce messages and ideas so that they are more likely to be learned.

✔ Ensure that **records are kept of trained individuals** and as part of supportive supervision and/or follow-up of the training. Based on follow-up information, assess how many trainees are using those skills, in order to track turnover of trained staff and to plan new trainings.

✔ **Consider refresher courses** for staff to update and upgrade skills according to objective criteria.

✔ **Explore how pre-service training materials and resources** could be incorporated and/or updated.

Resources

- L. Brown, A. LaFond, K. Mcintyre (2001). *Measuring Capacity Building*
- E. Baillie, C. Bjarnholt, M. Gruber, R. Hughes (2008). *A capacity-building conceptual framework for public health nutrition practice. Public Health Nutrition*, 12 (8), 1031-1038
- M. Fitzgerald, J. Posner, A. Workman (2004). *A Guide to Monitoring and Evaluation of NGO Capacity Building Interventions in Conflict Affected Settings*
- Food and Nutrition Technical Assistance Project (FANTA) and Regional Centre for Quality of Health Care (RCQHC) (2003). *Handbook: Developing and Applying National Guidelines on Nutrition and HIV/AIDS*
- L. Gostalow (2007). *Capacity Development for Nutrition in Emergencies: Beginning to Synthesise Experiences and Insights*
- A. LaFond, B. Lisanne (2003). *A Guide to Monitoring and Evaluation of Capacity Building Interventions in the Health Sector in Developing Countries*

For more information on technical standards, guidelines and global evidence, see:

➜ **Emergency Nutrition Network Resource Library:** **http://www.ennonline.net/library**

➜ **UN Standing Committee on Nutrition (SCN) Food & Nutrition Resource Portal:** **http://www.unscn.org/en/resource_portal**

➜ **SCN Nutrition in Emergencies Repository:** **http://www.unscn.org/en/resource_portal/nutrition_in_emergencies_repository.php**

➜ **WHO e-Library of Evidence for Nutrition Actions (eLENA):** **http://www.who.int/elena/en**

Additional resources: Examples of technical guidance notes, national-level standards and TORs for specific technical inputs in SAM, MAM, IYCF and MDDs can be found on the GNC website at **http://www.unicef.org/nutritioncluster**.

Chapter 7

ADVOCACY AND COMMUNICATION

Chapter 7:

ADVOCACY AND COMMUNICATION

This chapter provides a practical overview of developing and delivering advocacy activities, and communicating with a wide range of stakeholders.

7.1	**Developing an advocacy strategy**	• What is advocacy? • Who is involved in advocacy? • Planning advocacy activities • Advocacy messages and instruments • Managing risks around advocacy activities
7.2	**Communication**	• Who is involved? • Guiding principles • Common communication outputs

KEY POINTS

- It is important that the Nutrition Cluster Coordinator (NCC) maintains the neutrality of his/her position in representing the interests of the cluster in advocacy and communication.
- Advocacy activities can provide critical support to the Nutrition Cluster response. Similarly, the cluster can conduct effective advocacy only when other functions, such as assessments, information management (IM), effective coordination of the cluster as a whole and monitoring and evaluation (M&E) processes are effective.
- Advocacy strategies need to be developed with very clear evidence, objectives and activities in order to bring about change on a specific problem or issue. Advocacy tools range from person-to-person communication to more formal engagement with the media.
- Advocacy for the Nutrition Cluster is coordinated within the cluster itself. There may be circumstances when multi-sectoral advocacy activities are required, in which case the UN Office for the Coordination of Humanitarian Affairs (OCHA) provides the forum for the development and delivery of advocacy activities.

- The Nutrition Cluster has a number of different options for communicating with its members and with stakeholders at country level and beyond. The most appropriate format(s) will depend on the specific context and information needs.

7.1 DEVELOPING AN ADVOCACY STRATEGY

7.1.1 What is advocacy?

Advocacy can be defined as the deliberate process, based on demonstrated evidence, of directly and indirectly influencing decision-makers, stakeholders and relevant audiences to support and implement actions that contribute to the fulfilment of people's rights.[105] There are different forms of advocacy; the most persuasive involve arguments or communications that create support among decision-makers for making positive changes in policies, standards and resource allocation. Advocacy activities target individuals for their ability to contribute to change, but also involve cultivating additional advocates on nutrition issues through strategic partnerships or alliances. Advocacy activities are also context-specific, and are best developed through a systematic planning process (section 7.1.3). Practically, advocacy in emergencies is used for:

- gaining **acceptance and support** for nutrition as a humanitarian priority and right;
- **resource mobilisation**;
- **awareness-raising**.

Advocacy is strongly related to other key activities of the Nutrition Cluster. For example, advocacy:

- is **context-specific**, with a clear link to assessment information;
- is **evidence-based**, with a clear link to the information management (IM) function, assessments and knowledge management (KM);
- **reflects the collective viewpoint**, which is facilitated through effective coordination;
- **leads to concrete actions** or changes that can be measured, with links to resource mobilisation and to monitoring and evaluation (M&E).

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105 UNICEF (2010). *Advocacy Toolkit: A guide to influencing decisions that improve children's lives.*

Box 7.1: CLA support for advocacy

Where UNICEF is the Cluster Lead Agency (CLA), the UNICEF communications officer can provide valuable support for advocacy and communications, in particular in accessing the media and raising awareness. Care is needed to ensure that the Nutrition Cluster's interests are being represented (including those of UNICEF as a cluster partner) and not solely those of UNICEF as the CLA. The NCC and the communications officer should establish a working relationship that is appropriate for the specific emergency. The communications officer does not have a management role over the NCC, but may be able to give critical inputs into advocacy materials. Similarly, the NCC may not have the same level of media relationships as the communications officer and may benefit from collaboration.

7.1.2 Who is involved in advocacy?

A number of individuals and agencies are involved:

- **The Nutrition Cluster Coordinator (NCC)** is responsible for ensuring that core advocacy concerns within the Nutrition Cluster are identified and for facilitating a process of joint advocacy to bring about the desired outcomes. Where there are national and sub-national NCCs and IM managers, each will have a part to play in facilitating the process of development and implementation. These respective roles and responsibilities should be clearly defined. This includes:
    - ✔ ensuring that the Nutrition Cluster **clearly defines realistic parameters for advocacy and communication in its Terms of Reference (TOR)/ Standard Operating Procedures (SOP)**, e.g. that the NCC can speak on behalf of the Nutrition Cluster in specific circumstances without engaging in consultation with the collective;
    - ✔ establishing a mechanism to **identify and prioritise core advocacy concerns** for the Nutrition Cluster. This may include the establishment of a Technical Working Group (TWG). It is possible that advocacy concerns raised by Nutrition Cluster partners are not supported by other partners, especially in politically sensitive or conflict-affected settings. In such situations, the NCC will need to **judge whether there is a broad enough consensus** across partners about the advocacy concerns being raised;

- ✔ identifying the **different capacities and styles of a broad range of partners**, building on available capacity, past advocacy work and previously established strategic partnerships;
- ✔ ensuring that **gaps in technical expertise in relation to advocacy activities for the Nutrition Cluster** are identified, and that appropriate expertise is engaged;
- ✔ **contributing to key messages in broader advocacy initiatives** (e.g. inter-cluster advocacy under the UN Office for the Coordination of Humanitarian Affairs (OCHA)), reflecting the Nutrition Cluster's point of view;
- ✔ **representing the interests of the Nutrition Cluster** in discussions with the Resident Coordinator (RC)/Humanitarian Coordinator (HC) and other stakeholders. The NCC must also ensure that the Nutrition Cluster's interests, and not just the interests of the CLA, are represented;
- ✔ **advocating** for donors to fund humanitarian actors to carry out priority activities.

- **The IM manager** supports the NCC and the Nutrition Cluster in collating information and analysis that are used in the development of advocacy messaging.
- **Nutrition Cluster partners** are involved in prioritising issues, developing the evidence base and implementing and monitoring advocacy activities. Cluster partners also define clear parameters for advocacy, e.g. who speaks for the Nutrition Cluster, under what conditions, and the procedures for preparation and implementation of advocacy activities. These parameters can be documented in the Nutrition Cluster TOR/SOP.
- **The CLA, in particular the head of the agency and external communications staff:** The head of the CLA has responsibility to advocate for the Nutrition Cluster using all available opportunities, based on inputs and support from the NCC. This includes representing the cluster at Humanitarian Country Team (HCT) and donor meetings, in order to highlight the current nutrition situation and needs, and, within the framework of the Nutrition Cluster response strategy, highlighting the funding needs of all partners. The CLA communications officer can often provide technical support to the NCC for advocacy. Establishing regular mechanisms for the NCC to brief the head of the CLA and defining the working relationship between the NCC and the CLA communications officer are critical to the success of the NCC's advocacy work (Box 7.1).

- **Other clusters and stakeholders:** There may be specific circumstances when a cross-cluster advocacy strategy or multi-stakeholder advocacy activities are needed. These may be coordinated under OCHA and/or directly between the Nutrition Cluster and other stakeholders.

- **OCHA**'s mandate is to advocate on humanitarian issues at global and country levels, and to support the coordination of the emergency response. OCHA conducts its own advocacy activities, with content based on inputs gathered from relevant individuals and agencies on the ground. In practice, this includes consolidation of concerns and issues gathered through the HCT, the Inter-Cluster Coordination Group (ICCG) and individuals such as cluster coordinators.

7.1.3 Planning advocacy activities

A systematic planning process is recommended for advocacy activities, to ensure that resources are used effectively and efficiently. Planning often involves the participation of the Nutrition Cluster as a whole, with support from a small TWG. The steps outlined in Table 7.1 describe an ideal process. In an emergency, time for consultation and the availability of information are likely to be limited. These gaps can always be addressed as advocacy activities develop.

Table 7.1: Points to consider in the planning process for advocacy activities

Step	Points to consider
Step 1: Selecting the problem or issue	There are likely to be several problems and issues that the Nutrition Cluster is trying to address. Many of these will be identified through the situation analysis (section 3.4). However, it is unlikely that all of them can be addressed at once. It is more effective to focus on a specific problem in order to develop an effective advocacy argument. Points to consider include: ✔ the problem's **relevance and importance in relation to the Nutrition Cluster's** aims, objectives and priorities; ✔ **broad consensus** among Nutrition Cluster partners on an agreed position; this should include the national authority, unless the national authority is the target of the advocacy activity; ✔ availability of **reliable data and evidence** in relation to the problem (linked to IM activities and assessment activities (Chapters 3 and 4)); ✔ assessment of **sensitivity** and risk factors, e.g. risk to affected populations of increased vulnerability or suffering (related to Step 2 below); ✔ availability of **resources and expertise** to support advocacy activities among Nutrition Cluster members or other in-country or out-of-country expertise; ✔ strategic opportunities to support planned advocacy activities, e.g. alliances with other clusters.

Table 7.1: Points to consider in the planning process for advocacy activities	
Step	**Points to consider**
Step 2: Gathering the evidence	The advocacy activities will only be as strong as the available information and analysis that form the **evidence base**. This includes: ✔ a clear understanding of the **underlying causes of the issue**; ✔ the **cultural context** (community values, needs and expectations); ✔ the **political context** (political issues relating to the problem, including guiding policy or absence of policy, and power relations). Aim to reach a common understanding in these areas among Nutrition Cluster partners, as well as common agreement on statistics/figures to be used (e.g. the estimated number of affected individuals).
Step 3: Identifying advocacy objectives	There may be many potential objectives – for the short term, medium term or long term. Developing a **single overarching objective** is critical in formulating an effective advocacy argument. This objective should be: ✔ **specific**, focused and narrow; ✔ **achievable** within an agreed timeframe and given available cluster resources; ✔ **of interest and value to Nutrition Cluster partners and stakeholders** in order to generate commitment and support.
Step 4: Identifying the targets for advocacy activities	The next stage is to determine the **targets**, i.e. the individuals or institutions that have the power to bring about change. This is done through a **stakeholder analysis** (section 3.4), to provide a sense of which institutions and individuals have a stake in an issue, as well as their support or opposition for the issue, influence over the issue and importance of their engagement.[1] Targets are not usually individuals, since the purpose of advocacy is to bring about some sort of institutional change. However, specific individuals may be targeted because of their influence over the process, e.g. the RC/HC or the head of a specific ministry.[2] When identifying targets: ✔ identify both allies and opponents who can make change happen; ✔ pick only a selected few targets in order to direct energy and focus; ✔ pick targets who might be able to influence one other; ✔ pick targets that you have the ability to influence. --- 1 UNICEF (2010). *Advocacy Toolkit: A guide to influencing decisions that improve children's lives.* 2 Ibid.

Table 7.1: Points to consider in the planning process for advocacy activities

Step	Points to consider
Step 5: Clarifying the Nutrition Cluster's position and compiling an effective advocacy message	At this point, it is recommended that advocacy planning should be consolidated into a one- or two-page **summary document**. This should outline the main points of the analysis and the evidence base, the issue itself, the objectives and the targets. This type of document is also useful for obtaining wider buy-in from Nutrition Cluster partners who can review, discuss and comment on the ideas presented. This is also the point where the **main advocacy messages** (section 7.1.4) should be agreed by the Nutrition Cluster. In developing these messages: ✔ base the main messages on an understanding of the **target audience**, in particular how addressing the issue helps them to fulfil their responsibilities; ✔ ensure that there are concise and consistent advocacy messages that can be used by all **Nutrition Cluster partners and stakeholders**.
Step 6: Making strategic choices and implementing advocacy activities	The same message can have different impacts depending on **who delivers it**.[1] **Messengers** are those who have influence, or power, over the key targets to bring about the desired change, but who do not have the direct power to make the necessary changes themselves. Messengers can include the media, religious leaders, community-based organisations (CBOs) and donors. While they cannot change policies directly, they can influence those who are able to make changes. There are **many ways to deliver an advocacy message**. The choice of format will depend on who you are speaking to, what you want to say, your purpose and your ability to work with that format. Advocacy is often more effective when multiple channels are used that complement and reinforce one other. The **implementation plan** should elaborate the following points: ✔ **Who will collaborate** in the implementation of advocacy activities, **when** will activities be completed and **what resources** are required? ✔ **At what level** will the advocacy be undertaken, e.g. national, sub-national, community level? ✔ **Which channels** will be used to reach which targets with which message? ✔ What are the **risks and mitigation strategies**? ✔ How will the activities be **monitored**? ✔ What are the **anticipated results** of the advocacy activities? 1 UNICEF (2010). *Advocacy Toolkit: A guide to influencing decisions that improve children's lives.*
Step 7: M&E and adapting advocacy plans	Advocacy activities need to be monitored and evaluated, just like any other Nutrition Cluster activity. This means: ✔ monitoring whether **progress** is being made and ensuring that activities are still focused on the advocacy objective; ✔ evaluating whether there is any notable **impact** of advocacy efforts in terms of changes in attitudes, policy or practice. Advocacy activities should be **modified as needed** based on M&E information.

7.1.4 Advocacy messages and instruments

Clear, concise advocacy messages are essential. Five key components to incorporate are:

Statement + Evidence + Example + Goal + Action[106]

- The **statement** is the central idea in the message, or the analysis/cause of the problem. It outlines why the change is important.
- The **evidence**, on which the analysis is based, supports the statement with (easily understood) facts and figures, using tailored language for clear communication.
- An **example** will add a human face when communicating that message.
- The **goal** highlights what you want to achieve. It is the result (or partial result) of the action desired.
- The **action** desired is what you want to do in support of reaching your defined objective(s) or goal(s). It is the solution (or partial solution) to the problem. This forms the core of an advocacy message and distinguishes it from many other types of communication.

The most commonly used **advocacy instruments** include lobbying, negotiating and working with the media through external communication (Table 7.2 and section 7.2). While lobbying and negotiating usually involve working directly with decision-makers and those who influence them, working with the media is more often geared towards mobilising the general public behind the advocacy issue. Working with partners and civil society also generates momentum behind issues, as well as channelling the message to target audiences.[107]

106 UNICEF (2010). *Advocacy Toolkit: A guide to influencing decisions that improve children's lives.*

107 Ibid.

Table 7.2: Types of advocacy activity

Type	Involves:
Awareness raising and media work	Delivering persuasive, evidence-based and solution-oriented messages to the public, decision-makers, stakeholders and those who influence them.
Developing partnerships, alliances, coalitions	Generating organisational support and momentum behind issues, connecting messengers with decision-makers and bringing together diverse groups to achieve common advocacy goals.
Lobbying/briefings	Gaining access to and influencing decision-makers who can help bring about change.
Negotiating	Holding discussions with decision-makers to come to a common agreement (section 2.3.2).
Campaigning	Mobilising the public around an advocacy issue, changing perceptions and building support to influence decision-makers and stakeholders.
Research and publications	Illustrating the underlying causes and solutions to a problem, and making recommendations that can be addressed by decision-makers and stakeholders.
Social mobilisation	Engaging multiple levels of society, including those who are marginalised, as allies and partners in overcoming barriers.
Conferences/ events	Bringing together a variety of stakeholders and decision-makers to highlight the causes and identify the solutions to the issue, with follow-up that includes concrete and immediate action.

7.1.5 Managing risks around advocacy activities

A number of risks may arise from engaging in advocacy activities, either for individual agencies or for the overall advocacy aim (Table 7.3). It is important for the NCC to be aware of these risks and to manage them to the greatest extent possible.

Table 7.3: Risks encountered during joint advocacy activity planning, and points to consider

Risks	Points to consider in managing them
• The **issue or problem targeted may be contentious** in the political context or may have a high media profile, which may undermine interest in addressing it or may make progress or change very challenging. • While all partners should be treated equally in terms of inputs, partner agencies often operate **with different levels of insulation and protection from political reprisals** that may arise in response to advocacy activities. If it is not managed, this imbalance may strain working relationships and undermine future collaboration. • Being part of a coalition, which adds strength to advocacy activities, can lead to **loss of agency identity and profile**. • **Messages can be distorted**, even if they are presented clearly. • **Negative repercussions** may occur in response to advocacy activities, e.g. loss of access to the affected population for the humanitarian community as a whole.	✔ **Identify** possible risks arising from proposed action (or lack of action) during the planning process. ✔ **Ensure that reliable information** is used, and that to the best degree possible there is consensus around the figures being used for those affected and those in need. ✔ Ensure adequate **consultation** within the Nutrition Cluster so that advocacy reflects the input of the collective and is implemented by the cluster in a collaborative manner. ✔ Ensure that **the inputs of all partners are acknowledged**, rather than presenting achievements as "by the CLA and cluster partners". ✔ Build messages on an **understanding** of local positive norms, cultural traditions and practices to find common ground. ✔ Build messages on a **rigorous political analysis**. ✔ **Consider the impact** that the message could have on various parties.

7.2 COMMUNICATION

Communication is a critical component of advocacy activities. It can be defined as the process of gathering, consolidating and disseminating information by the Nutrition Cluster in order to meet the information needs of a wide range of actors in the emergency response.[108] Communication is meant to leverage information to raise awareness or to bring about change in support of the Nutrition Cluster's objectives.[109] It is an important advocacy instrument, in particular communication with the media. It is also a critical component of information sharing and regular reporting to the wider humanitarian community. Communication can cover a range of specific outputs from the Nutrition Cluster, including cluster bulletins, press releases, joint statements and the Nutrition Cluster website.

108 UNICEF (2010). *Advocacy Toolkit: A guide to influencing decisions that improve children's lives.*

109 OCHA (2011). *OCHA Communications Handbook.*

Box 7.2: Tips for the NCC in maintaining neutrality

If the NCC is perceived to be partisan, rather than representing the view of the collective cluster, his/her credibility will be lost, which threatens the effectiveness of the Nutrition Cluster itself.

✔ When seeking support, bear in mind that the CLA's communications staff may not be familiar with nutrition in emergencies. It may be necessary to take time to orient them on basic nutrition terminology, and to work together to ensure that messages are effective and technically accurate.

✔ Avoid "CLA branding", particularly when talking to the media, and make specific reference to the Nutrition Cluster's interests.

✔ Be clear in separating your role as NCC representing the Nutrition Cluster from your position as an employee of the CLA.

✔ Ensure that advocacy messages do not deliberately antagonise or criticise the national authority or other stakeholders.

7.2.1 Who is involved?

- **The NCC** is responsible for facilitating the definition and presentation of the Nutrition Cluster's viewpoint to the broader humanitarian community through communication, in addition to using communication as a specific advocacy instrument. The NCC must ensure that s/he represents the position of the Nutrition Cluster and not the position of individual partner agencies (Box 7.2). The NCC cannot speak "on behalf" of individual agencies. The NCC must also ensure that the Nutrition Cluster's interests, and not just the interests of the CLA, are presented. Practically, this includes:

  ✔ ensuring that the Nutrition Cluster **clearly defines realistic parameters for external communication in its TOR/SOP**, e.g. establishing that the NCC can speak on behalf of the Nutrition Cluster in specific circumstances without engaging in formal consultation with the collective group, or setting out policies for dealing with sensitive information;

  ✔ **ensuring that relevant inputs from Nutrition Cluster partners are sought and included.** This will not always be possible for every information request, but the NCC should be familiar with the point of view and priorities

of the Nutrition Cluster in order to be able to respond independently when required;

✔ establishing **a working relationship with the CLA communications officer**, including defining clear expectations for support and consultation. The NCC may also have working relationships with representatives of the media, or may rely on the CLA communications officer to help facilitate this type of engagement;

✔ **prioritising** between the different information and input requests from within the CLA and other humanitarian partners. The NCC needs to find a balance between speed, accuracy and inclusiveness in responding to information requests;

✔ **maintaining an up-to-date overview** of the situation and giving a contextual background to press releases and statements. The NCC can build on available materials where they are relevant, rather than starting from the beginning with every request;

✔ ensuring that **all information is verified** and as accurate as possible, and that information sources and/or metadata are available (section 3.3.1). Sex- and age-disaggregated data (SADD) should be presented, where it is available;

✔ ensuring that there is **consistency among Nutrition Cluster partners regarding the numbers used to describe the context and needs**.

The NCC may also establish a Nutrition Cluster photo library, which can be maintained independently or hosted as a sub-section of the CLA's photo library. Images of people and images reflecting the cultural context must be dealt with sensitively. The sources of photographs, locations and the names of people photographed should be recorded.

- **The IM manager** supports the NCC and the Nutrition Cluster in collating information and analysing how it is used in developing communication materials. The IM manager also maintains records of communication materials for future reference (section 3.2.1). Ensuring that an effective IM system is in place for collating basic cluster information and promoting dissemination through a cluster website will help free up time for the NCC to engage in more strategic issues.
- **The Nutrition Cluster partners** define, through the cluster's TOR/SOP, clear parameters in relation to external communication, e.g. who speaks for the Nutrition Cluster, under what conditions, and how sensitive information and any

existing national-level information clearance procedures are addressed. Cluster partners contribute to the definition of priority issues to be addressed and their subsequent development, e.g. joint statements. They should also be equipped to share common messages with a range of stakeholders around specific aspects of the Nutrition Cluster response.

- The **head of the CLA** communicates the Nutrition Cluster's issues and needs to higher-level forums. However, in practice it can be challenging for him/her to represent the interests of the CLA as well as the interests of the clusters for which it is responsible. The **CLA communications officer** may be able to provide some technical support and facilitate contact with the media for the Nutrition Cluster, but s/he will also have their own activities and priorities to address.
- **OCHA** plays an important communication role on behalf of all clusters. Without effective communications, coordinating, funding and advocating on humanitarian issues would be impossible. Communications strategies are developed at country level, including consultation with the HCT and key stakeholders, such as cluster coordinators.

7.2.2 Guiding principles

There are a number of **guiding principles** to bear in mind in external communication.[110]

✔ **Know your audience:** All communication materials should be prepared with the information needs of the audience in mind. This can include the specific categories of information included, the level of detail, length and format. It is

Guiding principles in advocacy and communication include the following:

✔ Prepare short key messages that are clear and easily understood, and get to the **point** quickly.

✔ Have a **single** overarching communication **objective**.

✔ Ensure that the message **clarifies** the issue for the audience and proposes **a way forward**.

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110 OCHA (2011). *OCHA Communications Handbook*.

important to remember that what is presented in one format for one audience may be used by others in ways that are not intended. In particular, Nutrition Cluster bulletins, workplan updates and humanitarian funding documents can be (partly) reported by the press, even though the press is not the primary target for these materials.

✔ **Ensure that there is a balance between transparency and confidentiality:** There will be some information that is not necessarily for general distribution, in particular in conflict situations. The Nutrition Cluster as a whole should define clear parameters around information that should be shared publicly in its TOR/ SOP. Where the national authority or partners have specific procedures around clearing information for circulation, ensure that these are respected. Where there is ambiguity, the CLA, other clusters and the HCT can be consulted to ensure that there are common parameters and a standardised approach.

✔ **Use appropriate language:** This applies to both the terminology used and the translation of materials. Humanitarian terminology and acronyms are useful when communicating to an audience of practitioners, but that same language can be confusing or even alienating to an audience unfamiliar with specialist jargon. Technical or bureaucratic terms need to be transformed into language that can be easily understood by anyone. Nutrition information in particular can be challenging to communicate accurately in a non-technical manner. Similarly, key materials need to be available in the national language and in the language of humanitarian coordination. Translation and back translation for quality control are critical.

✔ **Ensure that the inputs of the collective Nutrition Cluster are clearly acknowledged:** Partnership and collaboration put agencies at risk of losing their own individual profiles. These profiles are critical for agencies' own obligations as well as for bilateral fundraising. Avoid referring to the Nutrition Cluster as "the CLA and partners" and instead ensure that the range of cluster partners is clearly recognised and acknowledged. Specific inputs from individual agencies may also be acknowledged where relevant.

7.2.3 Common communication outputs

Media outlets can play an important role in disseminating information, particularly at community level, and in raising awareness of advocacy issues and resource requirements. There are a number of tools that can be used to influence the media. The most popular include press releases, events, news conferences, letters to editors, TV or radio interviews, newsletters, briefs, conferences, seminars

and workshops. In developing countries, websites, blogs and social media (e.g. Facebook, Twitter) are becoming increasingly influential forms of communication. Bear in mind that the media always have their own agenda. It should be assumed that everything is “on the record”, even when they say it isn’t.

In general, the NCC and the CLA communications officer should establish a clear working relationship, depending on needs and capacity in the specific context. The NCC may interact directly with the media, e.g. giving interviews, but the communications officer may facilitate contact between the NCC and the media in the first place. Out of professional courtesy, the NCC can discuss direct requests from the media with the communications officer. For the most part, however, the NCC’s interaction with the media is less direct, and involves supplying information to the communications officer of the CLA or OCHA, who has a specific role to engage with the media. Common inputs to media interaction by the NCC include:

- **media interviews:** directly giving an interview to a journalist to produce a specific story;
- **press conferences:** preparing relevant inputs into press releases that accompany formal gatherings of journalists in response to major events or announcements by senior OCHA or UN officials;
- **media briefings:** preparing relevant inputs or being available to answer questions during a less formal meeting with specific media actors, with the objectives of increasing media understanding of a situation and promoting accurate coverage. Specific briefings to clarify basic nutrition principles and terminology can be invaluable in promoting accurate reporting (e.g. the IFE Core Group Media Guide on Infant and Young Child Feeding in Emergencies is a two-page media flyer that gives an overview of infant feeding in emergencies (IFE) issues and is available in Arabic, French, Spanish, English, German and Italian[111]);
- **media field trips/donor field trips:** preparing relevant inputs into briefing notes and strategic planning issues with field teams, and/or supporting visits arranged to specific locations by the media and/or donors, to increase awareness of the situation on the ground.

There are a few key outputs and formats for external communication that are commonly used by the NCC on behalf of the cluster. These key outputs and formats include:

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111 See **http://www.ennonline.net/resources/tag/122**.

- Situation Reports and regular Nutrition Cluster bulletins;
- briefing notes/talking points to prepare the head of the CLA or others;
- press releases;
- joint statements and calls to action;
- engaging with the media through interviews;
- the Nutrition Cluster website.

i. Situation Reports and regular Nutrition Cluster bulletins[112]

A **Situation Report** (sitrep) is a concise operational document that is intended to support the coordination of humanitarian response in an emergency (section 3.5.5). It should provide a snapshot of current needs, with due consideration of age and gender issues, response and gaps. Sitreps are often issued only during the acute phase of an emergency – at the onset of a new crisis or a major deterioration in an ongoing emergency. With rare exceptions, sitreps are public documents and are shared with humanitarian partners, news media and the public through a range of channels, including direct distribution to mailing lists and posting on cluster and OCHA websites.

The NCC will need to prepare sitreps, but will also be called upon to provide inputs into OCHA sitreps. There is no formal guidance on structuring sitreps for the Nutrition Cluster, but there are some common components that can be tailored to the situation (Table 7.4).[113]

Table 7.4: Outline for a Nutrition Cluster Situation Report

Overview	Brief overview of the nature of the emergency and the country context.
Humanitarian needs	The beneficiary needs that the Nutrition Cluster is trying to address, including those currently being met by cluster partners. The description of needs should capture the distinct situations of women, girls, boys and men. Both short-term needs and long-term needs that might be addressed through early recovery work should be included.
Humanitarian response	A description of the high-priority actions that Nutrition Cluster partners are taking to meet the needs outlined above. Readers must be able to understand why a response activity is taking place and how well it is meeting the needs it is attempting to address.
Gaps and constraints	A description of both unmet beneficiary needs and the unmet needs and problems faced by Nutrition Cluster partners.

112 OCHA (2011). *OCHA Communications Handbook*.

113 Based on the Humanitarian Situation Report prepared by OCHA. See *Situation Report Input: General Guidance Note for N/R/G Clusters*. **http://oneresponse.info/Pages/default.aspx**

Table 7.4: Outline for a Nutrition Cluster Situation Report	
Numbers and sources	Be sure to cite sources for all numbers, especially if they are drawn from sources outside of the cluster.
Cross-cutting issues	Cluster input should identify key cross-cutting issues affecting the sector and should mention how these are being addressed. The needs of vulnerable groups should be highlighted, and it should be explained how the response is/is not meeting these needs. At a minimum, the sitrep should include gender- and age-sensitive information.

Periodic **Nutrition Cluster bulletins** and updates are also important tools for keeping the humanitarian community, the national authority, stakeholders, the media and the local population informed about developments and activities. Unlike sitreps, which cover needs, gaps and response activities, bulletins and updates cover overall developments in a situation and key cluster response activities. Their frequency will depend on the situation and on capacity. Bulletins also contribute to institutional memory, information sharing and coordination.

There is no formal guidance for Nutrition Cluster bulletins, though common components can be tailored to the specific context (Table 7.5). Bulletins should be developed with a clear audience in mind, ensuring that the presentation, format and language are accessible. Technical details accompanied by summaries in less technical language can help in reaching a wider audience, e.g. including enough detail for technical nutritionists but also adequate summaries and analysis to meet the information needs of donors and non-technical humanitarian stakeholders.

Table 7.5: Outline for a Nutrition Cluster bulletin	
Identifying information	The specific time period and area that the bulletin covers should be very clear. There is often a delay between gathering data and reporting it, and the situation in an emergency may change rapidly. Giving the timeframe helps to orient the reader.
Overview of the nutrition situation	This section generally presents results of anthropometric assessments (e.g. rapid assessments using mid-upper arm circumference (MUAC) and/or nutrition surveys)[1] and nutrition programme information (e.g. admissions and performance statistics for selected nutrition programming). Some level of analysis in terms of how these results compare with previous results is required, to clarify whether they represent a deterioration, an improvement or a stabilisation. Anticipated progress in the near term and implications are useful to highlight. Areas of concern should also be highlighted. Information from other clusters may be included, though meaningful interpretation of secondary data collected by other clusters through separate systems can be challenging. 1 National authority procedures related to the clearance and dissemination of nutrition information need to be taken into account (section 4.5.2).

Table 7.5: Outline for a Nutrition Cluster bulletin	
Sub-national overviews	This section generally presents anthropometric and programme information along with more operational details at local level. Areas of concern should be highlighted.
Information sharing	The Nutrition Cluster bulletin provides an opportunity to share information on activities and outputs at country, regional and global levels. This may include sharing technical information and updates from the global level that are relevant in-country, results of special studies, achievements or planned activities of the Nutrition Cluster and/or sector, policy and guideline development, upcoming trainings and timings of anticipated assessments.
Coordination structure and partners	Information on the composition of the nutrition coordination body is often incorporated, either in a sidebar or at the end of the document.
Contact information	The person, email or website for follow-up and further information should be listed.

When preparing sitreps and bulletins, remember to:

- ✔ make them **short and to the point**, generally no more than 3–4 pages;
- ✔ use short **statements, tables and bullet points**;
- ✔ provide **balanced coverage** of who is responding, not just UN agencies;
- ✔ provide clear **sources for data**;
- ✔ **put the numbers into context** and make it clear what they mean;
- ✔ indicate if the information has not been **verified**, and **update** it if possible in subsequent sitreps;
- ✔ provide **follow-up information** from the previous sitrep, e.g. if an assessment was being planned in the last sitrep, share the outcome;
- ✔ **explain acronyms**.

Sitreps and bulletins are generally prepared without extensive consultation with Nutrition Cluster partners. The NCC should, however, ensure that feedback, comments and corrections are sought and incorporated into subsequent documents. If there is a functioning website, sitreps and bulletins should be posted online in order to facilitate information sharing with a wider audience. For examples of Nutrition Cluster bulletins, see the GNC website.

ii. Briefing notes/talking points to prepare the head of the CLA, the HC or others[114]

Briefing notes/talking points highlight key messages and relevant facts ahead of press appearances or official meetings. They are provided to the head of the CLA, the HC and other senior officials to ensure that they are well informed about a situation. The CLA communications officer may be responsible for drafting talking points and gathering relevant technical inputs from the NCC. Alternatively, the NCC may be responsible for drafting these, depending on the working relationship at country level. When giving inputs, the NCC should not simply send large documents to the communications officer, unless requested. It is up to the NCC to prioritise and pull out the relevant information, preferably in the form of bullet points or brief paragraphs.

Briefing notes are not generally prepared in direct consultation with the Nutrition Cluster; however, the points raised should be around advocacy messages previously prioritised within the cluster. The NCC should ensure that Nutrition Cluster partners are informed of key advocacy events.

iii. Press releases[115]

A press release is a brief written document (one page maximum) that provides information about humanitarian issues and developments. It is generally prepared by the CLA communications officer, with inputs from the NCC and other relevant staff (e.g. other cluster coordinators if the CLA is responsible for more than one cluster, technical staff of the CLA) as needed. A press release may be used to announce or acknowledge a significant event or to state an institutional position, usually quoting a senior humanitarian official. Press releases are distributed directly to media outlets, and their primary function is to serve as news copy. They should also be shared on all relevant country-level public mailing lists so as to reach as wide an audience as possible, and be posted on OCHA websites. They may also be shared through press conferences where the media as a whole are invited to hear the message and to ask questions.

As with briefing notes, when giving inputs the NCC should not simply send large documents to the CLA communications officer, unless requested, but should prioritise and pull out relevant information in the form of bullet points or brief paragraphs. The NCC should be able to review the draft press release to ensure that the key points are presented clearly.

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114 OCHA (2011). *OCHA Communications Handbook*.

115 Ibid.

Press releases are not generally prepared with extensive consultation with the Nutrition Cluster. The cluster does not generally issue such communications, but rather joint statements and calls to action that may be shared with the media.

iv. Joint statements and calls to action
There are times when the Nutrition Cluster needs to make a public statement on a specific issue in order to gather support for specific actions. The statement may be shared with the press, but the target audience is also the wider humanitarian community. Statements or calls to action are generally a maximum of two pages long and outline the key issues, relevant supporting evidence, the specific action being requested and contact information for further details.

Joint statements and calls to action are prepared in consultation with Nutrition Cluster partners. They can be drafted by the NCC or by a small core group (such as the Strategic Advisory Group (SAG) or a TWG), and Nutrition Cluster partners should be able to review and comment on the draft. It is essential that the heads of agencies (and in some cases headquarters staff) and relevant actors (e.g. the Ministry of Health nutrition department) sign off on a joint statement. The NCC needs to include adequate time for obtaining this sign-off.

The statement should reflect the point of view of the Nutrition Cluster as a whole. If it does not, then the NCC needs to facilitate negotiation and compromise. If an agency wants to opt out of the statement, this can be noted either in general (e.g. "This statement reflects the viewpoints of the majority of Nutrition Cluster partners") or specifically (e.g. "This statement does not reflect the viewpoint of agency X").

A model joint statement on IFE has been developed by the IFE Core Group, and this can be adapted at country level. Using a common format ensures the standardisation of key messages for IFE.[116] No other model statements are currently available, but Box 7.3 provides examples of such statements being used at regional and country levels.

v. Engaging with the media through interviews
The NCC may be requested to give interviews to journalists working in radio, television and print journalism on the emergency nutrition situation. The NCC should communicate with the CLA communications officer as agreed according to their working relationship in the specific context. Out of professional courtesy, the NCC can ensure that the communications officer is aware of the interview request before going ahead with the interview.

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[116] See http://www.ennonline.net/resources/237.

Box 7.3: Nutrition Cluster statements and calls for action in practice

- The IFE model statement calling for support for infant and young child feeding (IYCF) in emergencies was adapted and used in Haiti, Pakistan and Somalia in 2011. In each case, country-specific data (risk factors, IYCF practices, specific services) was incorporated. The country-specific IFE statements helped to define the framework for appropriate emergency response for partners and the humanitarian community.
- In May 2006, the Nutrition Working Group based in Khartoum, Sudan released a statement calling for additional funding support to prevent a deterioration in the nutrition situation. The general food ration was due to be cut by 50% as a result of funding shortfalls. This reduction threatened to undermine the impact of selective feeding programmes, as well as to aggravate the food security situation. This deterioration was averted through concerted action.
- In July 2011, the Global Nutrition Cluster issued a call to action in response to the Horn of Africa food security and nutrition crisis. The call to action outlined the scale of the emergency and the initial framework for response, and highlighted critical areas for coordination between partners and across clusters.

The NCC must take time to prepare for any interview, to know the facts and to be aware of any recent changes that may have occurred. S/he also needs to be clear on the parameters of the interview. If not fully informed, the NCC should not go ahead with the interview. Before the interview, the NCC should know:

- ✔ what the interview is going to be about. If possible, request a list of questions in advance;
- ✔ what angle (point of view) the journalist will take;
- ✔ who else the journalist is talking to;
- ✔ whether the interview will be live or pre-recorded for later broadcast.

The NCC should think through and prepare answers to the most difficult questions that might be asked. S/he should also prepare three main points to make and, whatever the question, make these three points. S/he should do enough homework to be able to justify the three points and tell the interviewer beforehand that s/he

Practical tips for interviewing:

- ✔ Get your pre-determined message across.
- ✔ Don’t let the interviewer put words in your mouth.
- ✔ Do not speak beyond the scope of the Nutrition Cluster.
- ✔ Do not engage in political discussions.
- ✔ Avoid sounding defensive.
- ✔ Don’t interrupt the interviewer.

intends to make them. All information should be distilled down into “quotable quotes” that are brief, self-contained, phrased in everyday language and roughly five seconds long – quotes need to be clear, concise and punchy. In addition, when being interviewed, the NCC should:

- ✔ emphasise the **interests of the affected population**;
- ✔ **be factual:** use only figures that can be verified;
- ✔ **accurately** describe needs and key issues;
- ✔ **speak with authority**, but avoid predictions and not be afraid to say, “I don’t know”;
- ✔ **avoid** jargon and acronyms;
- ✔ when faced with **a contentious question**, use a bridging statement to get back to his/her own point, e.g. “I understand your concern, but the real issue is…”;
- ✔ use **public speaking skills**, such as taking ten slow breaths and a drink of water immediately prior to speaking.

Taped interviews have drawbacks, as the material will be cut and edited without the NCC’s input. The NCC should ask in advance whether comments can be rephrased or struck from the record if necessary. Live interviews may seem more pressured because they provide no room for error, but they offer a distinct advantage: the opportunity to convey your message exactly as you wish to express it.

Box 7.4: Examples of Nutrition Cluster websites

Many Nutrition Clusters have websites to promote information sharing. Their content changes with time. Specific content or websites may be archived and no longer routinely updated after the emergency phase has ended. Some examples of websites where Nutrition Cluster information can be found include:

- Somalia: **http://ochaonline.un.org/somalia/clusters/nutrition**
- Uganda: **http://www.ugandaclusters.ug/index.html**
- Zimbabwe: **http://ochaonline.un.org/zimbabwe/ClustersSectors/Nutrition/tabid/3553/language/en-US/Default.aspx**
- Pakistan: **http://www.pakresponse.info/**
- South Sudan: **https://sites.google.com/site/nutritionclustersouthsudan/**

vi. The Nutrition Cluster website

The Nutrition Cluster website is a critical platform for external communication. Its basic contents are outlined in section 3.5.6. The NCC and the IM manager should ensure that it is updated regularly, and that appropriate links are made with other websites (Box 7.4).

Resources

- IASC (2007). *Cluster/Sector Lead Training. Tip Sheet – Advocacy*
- OCHA (2011). *OCHA Communications Handbook*
- Overseas Development Institute, Humanitarian Policy Group (2007). *HPG Policy Brief 28: Humanitarian advocacy in Darfur: the challenge of neutrality*
- J. Shepherd-Barron (2011). *Clusterwise 2: Media Interviews*
- H. Slim (2003). *Marketing Humanitarian Space: Argument and Method in Humanitarian Persuasion*
- UN Economic Commission for Europe (2009). *Making Data Meaningful: Part 1: A guide to writing stories about numbers; Part 2: A guide to presenting statistics*

- UNICEF (2010). *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*. This toolkit contains sample advocacy activities, interim outcomes, goals, impacts and measurement indicators.

Additional resources: Sample country-level Nutrition Cluster bulletins and joint statements can be found on the GNC website at **http://www.unicef.org/nutritioncluster**.

Chapter 8

RESOURCE MOBILISATION: FUNDRAISING AND SUPPLIES

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RESOURCE MOBILISATION: FUNDRAISING AND SUPPLIES

The Nutrition Cluster Coordinator (NCC) is responsible for coordinating the process of resource mobilisation, which includes fundraising, and for maintaining an overview of supply and equipment needs and pipelines for the Nutrition Cluster response. The ability to do this effectively depends on having an effective information management (IM) system (Chapter 3) and is supported by advocacy activities (section 7.1).

8.1	**Coordinating fundraising**	• Who is involved in fundraising? • Generating an accurate view of funding needs • Estimating Nutrition Cluster coordination costs • Prioritising needs and projects
8.2	**Mobilisation of funding**	• Flash Appeal • CERF Rapid Response Grant • Consolidated Appeals Process (CAP) • Country-level pooled funds • Internal agency funding tools and mechanisms • Monitoring fundraising
8.3	**Mobilisation of supplies and equipment**	• Who is involved? • Identifying and meeting supply needs • Promoting standards in nutrition supplies and equipment • Supply and equipment preparedness

KEY POINTS

- Fundraising takes place in relation to individual agency projects, as well as for the Nutrition Cluster coordination function.
- The Nutrition Cluster Coordinator (NCC), with the support of the IM manager, is responsible for working with the Nutrition Cluster to ensure that a clear picture of the overall funding requirements for the cluster's response strategy is developed as the basis for fundraising.

- The Nutrition Cluster often needs to rank and prioritise projects in relation to fundraising. Clear information about the funding mechanism, consultative development of the prioritisation criteria and process, and documentation of the outcomes can help to promote participation in fundraising.
- In order to ensure that the Nutrition Cluster can fulfil its emergency response strategy, and that breaks in the pipeline and interruptions in service delivery are prevented, some level of preparedness planning, supply inventory, forecasting and logistics capacity (transport, storage and distribution) are required.
- Commodities used in emergency nutrition programmes are often classified as food products by national authorities and are subject to specific import and quality control clearance issues. The Nutrition Cluster has a role to play in promoting adherence to standards for quality control for nutrition commodities, but the appropriate actions will depend on the context.

8.1 COORDINATING FUNDRAISING

Fundraising is required for a range of Nutrition Cluster activities, including direct service provision, coordination support (e.g. staffing for the coordination team including information management (IM) support, translation and interpretation services) and Nutrition Cluster partner activities facilitated through the cluster such as assessments, ongoing monitoring and review, evaluations and lesson learning, dissemination of standards and best practices, and capacity building.

8.1.1 Who is involved in fundraising?

- **The Nutrition Cluster Coordinator (NCC)** has the overarching responsibility to ensure that the cluster mobilises the funding necessary to address priority needs for nutrition in emergencies. The NCC also ensures that any funding sourced through the Nutrition Cluster is prioritised to meet the most critical and under-resourced needs or cross-cutting issues. The NCC should:
  - ✔ **coordinate analysis** of available information **and development** of the Nutrition Cluster response strategy as the overarching framework for the response and for fundraising;
  - ✔ **provide information**, orientation and guidelines to Nutrition Cluster partners in relation to funding mechanisms;

- ✔ facilitate the development of an **accurate overview of funding needs** (section 8.1.2), including **a budget for Nutrition Cluster coordination** (section 8.1.3);
- ✔ **encourage submission of projects/participation** by as wide a range of Nutrition Cluster partners as possible, including international and national NGOs and local organisations and institutions, bearing in mind the strategic results to be achieved;
- ✔ advocate with partners to **address cross-cutting issues** in their projects, and provide available guidance and/or discuss practical ways that this can be done as a cluster;
- ✔ **support local partners** who may not have well-developed capacity for writing fundraising proposals, particularly those subject to language constraints;
- ✔ in preparing projects, ensure that there is **back-up capacity** at headquarters/national level within a given agency outside the location of the emergency to input projects onto the On-line Projects System (OPS) maintained by the UN Office for the Coordination of Humanitarian Affairs (OCHA), particularly in areas where connectivity is a problem;
- ✔ peer-review partner projects in the OPS and give **constructive feedback**;
- ✔ **establish a transparent prioritisation process** to build consensus around high-priority projects, and ensure **adequate documentation of this process**;
- ✔ **emphasise** that inclusion of projects within an appeal submission is not a guarantee of funding;
- ✔ prepare **Nutrition Cluster inputs into joint appeals** in the required format and attend inter-cluster meetings to ensure that nutrition inputs are adequately incorporated into joint appeals;
- ✔ collaborate with national authorities, nutrition actors who are not involved in the Nutrition Cluster and other clusters to **maximise complementarity** in the response;
- ✔ **track Nutrition Cluster funding** against appeals through the OCHA Financial Tracking Service (FTS) and provide updates to Nutrition Cluster partners;

- ✔ **build relationships with donors and advocate** for funding, and request donor cooperation in abiding by Nutrition Cluster priorities by not funding projects that conflict with cluster priorities;
- ✔ work with Nutrition Cluster partners to **identify if there are internal agency funding sources** that can be mobilised.

- **The IM manager** supports the NCC in managing information related to fundraising. Specific activities will depend on the IM system that has been established, the number of partners and the scale of the emergency.
- **The Cluster Lead Agency (CLA)**, with the support of the NCC, has the ultimate responsibility for advocating for overall Nutrition Cluster resource requirements with the Resident Coordinator (RC)/Humanitarian Coordinator (HC), donors and the humanitarian community. The CLA also has a responsibility to mainstream Nutrition Cluster coordination costs into its own fundraising activities, including bilateral and internal funding resources.
- **Nutrition Cluster partners** share information with the NCC to ensure that overall funding needs for the cluster response are identified. Some agencies have their own independent funding sources and do not necessarily participate in joint funding through the Nutrition Cluster. However, they are still encouraged to share information with the NCC so that needs for the response as a whole are not over- or under-estimated. Nutrition Cluster partners also contribute to prioritising funding needs and projects at the cluster level, in addition to fundraising through bilateral and internal mechanisms.
- **OCHA and the RC/HC:** The RC/HC, with the support of OCHA, manages the process of collective fundraising at the cluster level. The RC/HC is responsible for determining the process, tools and timelines involved in establishing funding priorities and selecting projects based on the context and on coordination forums in-country. The OCHA team is often involved in supporting the consultation process around joint appeals, disseminating guidance and guidelines, and compiling inputs from cluster leads.

8.1.2 Generating an accurate overview of funding needs

The NCC, with the support of the IM manager, is responsible for working with the Nutrition Cluster to ensure that a clear picture is developed of the overall funding requirements for the nutrition response, to serve as the basis for fundraising. Information required for this overview includes:

- coordinated nutrition assessment and monitoring **data** on the nature and extent of nutrition response needs (section 3.4);
- an overview of which agencies are planning/implementing which **activities** where (section 3.5.3);
- an overview of the **funds** available and/or committed for Nutrition Cluster partner projects.

There are some **formal systems for organising information on response activities** (e.g. the OPS), as well as **funding flows** (e.g. the FTS). In addition the NCC, with the support of the IM manager, may need to develop additional means to track projects and funding commitments/needs for Nutrition Cluster partners who do not necessarily participate in Consolidated or Flash Appeals (section 8.2), so that the whole range of response and needs is captured.

On-line Projects System (OPS)[1]	The Financial Tracking Service (FTS)[2]
The OPS is a web-based database that consolidates information on activities and funding needs of UN agencies and NGOs participating in Consolidated or Flash Appeals. Project sheets[3] outline the individual agency's project objectives; beneficiaries; implementing partners; duration; needs, activities and outputs; Gender Marker score; and requested funding. The database is designed to facilitate information sharing and the appeal review process for humanitarian actors. OPS is managed by OCHA. All data is provided by partner agencies.	The Financial Tracking Service (FTS) is a global, real-time database that records all reported international humanitarian aid (including aid for NGOs and the Red Cross/Red Crescent Movement, bilateral aid, in-kind aid and private donations). The FTS has a special focus on Consolidated and Flash Appeals. Data is updated daily, and is broken down by donor, country/appeal, appealing agency, Gender Marker score and sector. The FTS distinguishes between uncommitted pledges, commitments and paid contributions. It is used by donors for visibility and to track funding gaps. The FTS is managed by OCHA. All data is provided by donors or recipient organisations.

1 See **http://ops.unocha.org**.

2 See **http://fts.unocha.org**.

3 For guidance on uploading projects, see OCHA (2011). *Online Project System for Consolidated and Flash Appeals: User Guide*, at **http://ops.unocha.org**. Further guidance on CAP and Flash Appeals is available at **http://ochaonline.un.org/humanitarianappeal/webpage.asp?MenuID=15299&Page=1481**.

Gathering the information for the overview of funding needs may be difficult, particularly during the early response when information is limited and response plans are still being developed. Partner agencies can also be reluctant to share financial information. In order to address potential shortfalls in the information required, the NCC and the IM manager should:

✔ **proactively** reach out to Nutrition Cluster partners and encourage their participation in the Nutrition Cluster mechanism, even if this is only at the level of sharing information to contribute to response planning;

- ✔ ensure that **Who, What, Where (When) (3W/4W) information is updated** regularly;
- ✔ build **positive working relationships** with Nutrition Cluster partners throughout the response planning process;
- ✔ **emphasise the opportunities for funding** through joint funding mechanisms, but also **be clear that participation may not necessarily result in funding**;
- ✔ ensure that **information on funding guidelines and prioritisation processes is shared widely** and that, where needed, orientation or information sessions are held with partners and support is given where possible in the preparation process;
- ✔ encourage and support cluster members to **mainstream gender** in their project proposals. A proposal's Gender Marker score will depend on how well gender dimensions are reflected in its needs analysis, activities and outcomes. Donors refer to Gender Marker scores to inform their funding decisions;
- ✔ ensure that **the interests of all Nutrition Cluster partners** are reflected in the projects submitted for funding, though not at the expense of agreed strategic priorities;
- ✔ ensure that the **inputs of all agencies to the Nutrition Cluster response** are adequately acknowledged in donor advocacy and communication;
- ✔ be familiar with the information contained in the OPS and the FTS in order to identify Nutrition Cluster partners who have not shared information, and **bilaterally follow** up with them.

8.1.3 Estimating Nutrition Cluster coordination costs

Funding is also needed to coordinate the Nutrition Cluster, in addition to the direct delivery of services. Cluster coordination is considered a common service. Funding for national and sub-national cluster coordination should be included in all Flash Appeals and Consolidated Appeals.[117] While the Nutrition Cluster works with its partners to coordinate fundraising activities, it is not an entity that can directly receive funds. These costs may be mainstreamed into the fundraising of the CLA and/or of Nutrition Cluster partners, depending on decisions around fundraising roles and responsibilities taken at cluster level. They can include funds for:

- office and meeting costs;

[117] IASC (2006). *Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response*.

- coordination team staff, including the NCC(s) and IM manager(s);
- translation support and duplication of materials;
- training and capacity building;
- advocacy activities;
- Nutrition Cluster assessments, monitoring and evaluation (M&E) and lesson learning.

8.1.4 Prioritising needs and projects

Identifying the most critical and under-funded nutrition needs for which funding has not already been committed is an ongoing process. The NCC needs to take steps to ensure that these needs are regularly re-evaluated by Nutrition Cluster partners as more reliable information becomes available and the emergency evolves. This regular review can be facilitated in many ways, e.g. as a standing agenda item in coordination meetings, in addition to formal prioritisation processes.

Box 8.1: Cluster coordination costs: points to consider

There is limited guidance available on calculating costs for Nutrition Cluster coordination. The Global Nutrition Cluster has developed some initial planning estimates in relation to cluster coordination team costs under three different scenarios,[1] as part of efforts to mainstream these costs into CLA fundraising plans. These are not meant to be prescriptive, but to provide examples.

- **Acute-onset, large-scale emergency (12 staff):** National team with senior-level NCC, one member of administrative staff, one IM manager and three sub-national coordination teams, each with one NCC, one IM manager and one member of admin staff.
- **Protracted large- or medium-scale emergency/medium-scale acute-onset emergency (four staff):** National team with senior-level NCC, one member of admin staff, one IM manager and one sub-national NCC.
- **Protracted emergency/small-scale acute-onset emergency (1.5 staff):** National-level team working half-time, with one NCC, one member of admin staff and one IM manager.

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1 GNC (2011). *Report on Global Nutrition Cluster Meeting, 23–25 March 2011.*

There are key areas for **prioritisation within the Nutrition Cluster**, according to specific criteria that are defined in relation to each funding process. The prioritisation process is facilitated within the cluster in relation to the following questions:

- Which projects are included in the Flash Appeal and the revised Flash Appeal?
- Which projects are included in the Central Emergency Response Fund (CERF) Rapid Response Grant?
- Which projects should be included in the Consolidated Appeals Process (CAP) and, of these, which are priorities for funding?
- Which projects should receive pooled funds, e.g. through a Common Humanitarian Fund (CHF)?

The prioritisation process is often conducted through a smaller group of people, such as the Strategic Advisory Group (SAG) or a Technical Working Group (TWG). Since the NCC has a facilitation role, the advantages and disadvantages of the NCC having a vote in the prioritisation process should be discussed and agreed with the cluster. The group conducting the prioritisation process should be representative of the diverse interests within the cluster. A group dominated by international agencies, or with inadequate national authority representation, may lead to serious misunderstandings and loss of confidence in the Nutrition Cluster. The prioritisation process also needs to occur in a timely manner, often to meet very short deadlines; as a result, the NCC needs to balance documentation of the process with the need to ensure that the process is completed. However, no matter how much consultation is carried out and how transparent the process, the NCC needs to bear in mind that it is nearly impossible to please everyone all of the time. Decisions need to be taken based on the broadest consensus possible.

The prioritisation process can be sensitive for a number of reasons, including:

- the potential for concerns about NCC **bias** if CLA projects are under consideration;
- **differentiation between common suppliers** (e.g. UNICEF for nutrition supplies related to management of severe acute malnutrition (SAM) and the World Food Programme (WFP) for nutrition supplies related to management of moderate acute malnutrition (MAM)) and **implementing partners**, who are active at field level – both are essential to the overall response;
- a **lack of familiarity** with criteria and restrictions for funding on the part of Nutrition Cluster partners;

- **perceptions** that the inputs of some partners are more important or less important than those of other partners;
- the **challenges of engaging technical staff** and staff with operational insights in the process – technical staff are often field-based, while management staff are often based at national level;
- facilitating the **appropriate level of engagement of the national authority** in the process, as well as the level of incorporation or alignment between national authority response plans and Nutrition Cluster partner plans.

Some of these sensitivities will be addressed through the planning process for the Nutrition Cluster response strategy (Chapter 5), during which Nutrition Cluster partners work together to prioritise needs, identify gaps and propose next steps. Some can also be dealt with through choices around the prioritisation process, which include the establishment of clear criteria, ranking of projects and review of cases where exceptions need to be made.

There is also **prioritisation across clusters** facilitated by the Humanitarian Country Team (HCT), which allocates funds to specific projects. In these cases, the NCC plays an advocacy role in presenting the needs and rationale behind the projects that are being put forward by the Nutrition Cluster. This rationale is also incorporated into the joint appeals documents.

8.2 MOBILISATION OF FUNDING

There is a wide range of funding sources for emergencies. Some of these sources are more relevant to acute-onset emergencies (e.g. Flash Appeals and the CERF), while others are used more often in ongoing emergencies (e.g. the CAP). Funding sources include:

- **joint funding appeals**, which outline a prioritised set of responses that need donor commitment, and which therefore have some time delay between the request and the availability of funds, e.g. Flash Appeals, revised Flash Appeals and the CAP;
- **global-level standby funds**, which can be accessed through formal channels and which do not entail the time delay of generating donor pledges, e.g. CERF grants (rapid response and under-funded emergencies), CERF loans and country-level pooled funds (Emergency Response Funds (ERFs) and Common Humanitarian Funds);

Table 8.1: Overview of funding mechanisms		
	Funding mechanism	**Timeframe**
1st	**Flash Appeal** Clearly articulates humanitarian needs, priority clusters for response, an outline of response plans, and roles and responsibilities (open to UN agencies, International Organization for Migration (IOM), NGOs and the national authority through partners).	Onset up to six months →
2nd	**CERF Rapid Response Grant** Projects that address life-saving activities from the Flash Appeal can be submitted to the CERF mechanism (open to UN agencies, IOM, NGOs through UN agencies/IOM).	Onset up to three months →
3rd	**Revision of the Flash Appeal** As better assessment information becomes available, the projects within the Flash Appeal can be revised at any time. New projects can be included. The Flash Appeal is not a static document but is open and flexible.	Up to six months →
4th	**Consolidated Appeals Process (CAP)** The CAP can be considered if the emergency continues for more than six months (open to all agencies and to the national authority through partners).	Beyond six months →

- **individual** Nutrition Cluster **partner agency funds** (e.g. broad appeals, specific bilateral funding proposals and internal reprogramming of agency funds), which can meet short-term needs. The specific conditions and use of funds vary from agency to agency.

These funding sources are generally accessed in a sequential manner, although this is not always the case. Table 8.1 shows the general progression.

8.2.1 Flash Appeal[118]

What is it? The Flash Appeal presents donors with a concise overview of urgent life-saving and early recovery needs, cluster response strategies and specific

118 Full details of the procedures and related documents can be found in the *IASC Guidelines for Flash Appeals*, available via the OCHA website: http://www.unocha.org/cap.

agency projects for the first 3–6 months of an emergency. The RC/HC triggers a Flash Appeal in consultation with all stakeholders, including the HCT and the affected national authority (though this does not depend on permission from the national authority). The RC/HC has overall responsibility for ensuring that the HCT and the clusters agree clear common criteria for prioritising projects or thematic areas. The Flash Appeal is usually revised about one month later, based on additional information and including more early recovery projects.

Funds are not channelled through OCHA or the CLA; donors select projects from the Flash Appeal and contact project agencies to arrange funding directly. It is recommended that applications to the CERF Rapid Response Grant are prepared at the same time as the Flash Appeal in order not to delay the receipt of funds for life-saving activities.

Who is eligible to participate in a Flash Appeal?[119] UN agencies and NGOs are eligible to submit response plans under the Nutrition Cluster, and national authority activities may be considered if they are incorporated under UN or NGO plans. The Nutrition CLA may also submit response plans, including for funding needed to support Nutrition Cluster coordination activities.

Who prepares it? The overall content of a Flash Appeal is coordinated and compiled by the RC/HC and OCHA, with input from cluster coordinators (based on consultation within their own clusters) and the HCT, usually within 5–7 days of the onset of an emergency. It is generally revised one month later. Individual project information is detailed in templates in the initial Flash Appeal, which are uploaded onto the OPS system by the CAP section of OCHA. Agencies can then update the information during the revision of the appeal.

What to remember:

✔ Keep it brief and to the point – Flash Appeals are meant to be read quickly. Use charts and diagrams wherever possible to present data on overall cluster-specific needs or responses in the narrative section of the appeal.

✔ Where a CAP has already been issued, there can also be a Flash Appeal if there is a sudden-onset emergency or a new situation arising that means that international assistance is needed. If circumstances deteriorate in an ongoing

119 Flash Appeals should include priority projects from all key humanitarian organisations – UN and non-UN – on the ground. They should take into account the actions and plans of entities not included in the appeal (e.g. the national authority, and – usually – the Red Cross and Red Crescent Movement. The only Red Cross/Crescent National Society that can appeal for funding as a project partner for a UN agency is the National Society of the country of operation).

Box 8.2: Incorporating Early Recovery (ER) into Flash Appeals

The Inter-Agency Cluster Working Group on Early Recovery (CWGER) has developed a paper to help develop a common understanding, especially among agencies implementing ER programmes and donors, on how ER funding requirements should be reflected within Flash Appeals. Steps to take to reflect ER within the initial and revised Flash Appeals, and possible courses of action for resource mobilisation, are outlined.[1]

1 For more information, see CWGER/CAP SWG (2009). *Including Early Recovery Requirements in Flash Appeals: A Phased Approach*. See also: **http://oneresponse.info/GlobalClusters/Early Recovery/publicdocuments/CWGER donor proposal_final.pdf**.

emergency in countries that already have a CAP, a "revision" of the CAP may be prepared upon endorsement by the national authority.

8.2.2 CERF Rapid Response Grant[120]

What is it? The Central Emergency Response Fund (CERF) Rapid Response Grant acts as a donor, providing seed funding to jump-start critical operations and fund life-saving programmes that may have been developed for a Flash Appeal or CAP, but which are not yet covered by other donors. The application process for a CERF Rapid Response Grant is initiated by the RC/HC. The RC/HC and the HCT determine priority clusters and/or geographic areas. Clusters identify priority projects for CERF funding. Projects should be selected based on available needs assessments data, their funding situation, compliance with the CERF Life-Saving Criteria (Box 8.3) and agencies' operational capacity. In addition, expertise and comparative advantage, and the ability to implement CERF grants within the timeframe of the CERF rapid response window, should be taken into account.

Funding is disbursed by OCHA via a Letter of Understanding (LOU) to the relevant UN agency. The CERF cannot fund NGOs directly; however, NGOs can submit relevant projects for funding as an implementing partner of an UN agency. In this case, the UN agency receives the funds and the NGO uses them to implement the project.

120 Full details of the procedures and related documents can be found in the *IASC Guidance Note on Applying for CERF Rapid Response Grants*, available via the OCHA website: **http://www.unocha.org/cerf**.

Box 8.3: CERF funding criteria[1]

The essential CERF funding criteria are:

a) **life-saving and/or core emergency humanitarian programmes** that within a short time span remedy, mitigate or avert direct loss of life, physical harm or threats to a population or major portion thereof. Also permissible are common humanitarian services that are necessary to enable life-saving activities;

b) **a time-critical response**, which refers to necessary, rapid and time-limited actions required to immediately avert or minimise additional loss of lives and damage to social and economic assets. This relates to opportunities for a rapid injection of resources to save lives either in complex emergencies or after sudden-onset disasters.

1 For more details, see **http://ochanet.unocha.org/p/Documents/Life Saving Criteria - 22 september 2011 cleared.pdf**.

Who is eligible for CERF Rapid Response Grants? UN agencies and the IOM are eligible to submit applications. NGO or national authority activities may be considered only if incorporated under a UN response plan.

Who prepares it? The NCC, in consultation with the Nutrition Cluster, is responsible for ensuring the selection and prioritisation of Nutrition Cluster projects and for submitting them to the RC/HC, using the CERF format.

What to remember:

✔ CERF Rapid Response funds should be committed within three months of their release, at which point any remaining balance may be cancelled.

✔ Flash Appeals and CERF applications should be developed in parallel, and should be mutually consistent.

While it is not relevant in all emergencies, the **CERF Underfunded Grant**[121] aims to strengthen core elements of humanitarian response in forgotten and under-funded crises and to enable the continuation of essential “life-saving” activities. The CERF Underfunded Grants facility is open only to those countries selected by the Emergency Relief Coordinator (ERC) twice per year. The ERC allocates

121 Details of the decision-making process can be found via the CERF website: **http://www.unocha.org/cerf/resources/apply-cerf-funds**.

funds for each country, against which the RC/HC identifies gaps in humanitarian response, determines priorities and recommends humanitarian projects for funding, in close consultation with the HCT and cluster coordinators.

8.2.3 Consolidated Appeals Process (CAP)[122]

What is a Consolidated Appeal? If an emergency continues beyond the timeframe of a Flash Appeal (3–6 months), then the ERC, in consultation with the RC/HC and the HCT, may determine that it necessitates a Consolidated Appeal. The CAP is usually developed through consultations and may be compiled up to six months after the onset of an emergency. It consists of a strategic response plan for the emergency response as a whole, which is referred to as the Common Humanitarian Action Plan (CHAP), and a set of projects necessary to achieve this strategy (Box 8.4). The CHAP includes an analysis of the context; the best, worst, and most likely scenarios; strategic priorities; goals and prioritised plans for each cluster; and a framework for monitoring and review of the humanitarian situation and cluster plans. The Nutrition Cluster response strategy should form the basis for the Nutrition Cluster component of the CHAP. The CAP can also serve as a reference for organisations which decide not to participate in such an appeal but which may want to plan their activities in relation to the overall emergency response. If the situation changes, or new needs emerge, the CAP can be revised at any time.

Individual agencies participating in the CAP develop project sheets in the OPS. All project sheets are reviewed by the NCC, and often by a small SAG or TWG (section 8.1.4), in terms of the projects' relevance to the broad parameters of the response set by the RC/HC and the HCT and in line with the IASC CAP guidelines and cluster-specific criteria. Projects are also reviewed in terms of the degree to which gender has been addressed using the IASC Gender Marker (section 5.3.1). Projects are prioritised by the Nutrition Cluster review mechanism (SAG or TWG), using at least a two-tier system. Individual donors approach agencies directly to agree individual terms for funding, or may decide to pool their funds for a country response.

In complex emergency situations, the CAP may be prepared on an annual basis. The CAP preparations start with needs assessments, followed by a series of consultation workshops and ending in submission of the CAP documentation.

122 Full details of the procedures and related documents and templates can be found in the Technical Guidelines for the Consolidated Appeals, available via the OCHA website: **http://www.unocha.org/cap**.

Box 8.4: The relationship between the CHAP and the CAP

The CHAP and the CAP are terms that are at times used interchangeably, but the two have distinctly different scopes.

- Needs assessment and analysis
- Scenarios
- Strategic priorities
- Cluster response plans
- Strategic monitoring framework

} **Common Humanitarian Action Plan**

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- Inventory of projects and budgets to meet the strategy

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Consolidated Appeal

A mid-year review (MYR) of the CAP is conducted using specific guidelines in order to:

- **measure** progress made in achieving the goals and objectives, and report findings to stakeholders;
- **determine** whether or not the agreed strategy is having the desired impact, and if necessary **change** it to adapt to new conditions;
- **update** the portfolio of projects;
- **reprioritise** humanitarian response activities and projects;
- **analyse** funding and, on that basis, advocate for donor support.

Who is eligible to participate in the CAP? UN agencies, the International Federation of Red Cross and Red Crescent Societies (IFRC) and NGOs are eligible to submit response plans under the Nutrition Cluster. The national authority

cannot receive funding directly, but it may be an implementing partner for a project submitted by the UN or an NGO.

Who prepares the CAP? The RC/HC leads the overall process with the HCT (or CAP sub-group), cluster coordinators and other humanitarian organisations.

In relation to the CAP, the NCC should:

- develop the nutrition component of the CAP based on inputs from Nutrition Cluster partners. This includes:
  - input into the section of the document on the overall context and humanitarian consequences;
  - input into the strategic priorities for the humanitarian operation as a whole;
  - input into the general criteria for selecting and prioritising projects;
  - writing the nutrition component of the CHAP, including an overview and details from selected and prioritised projects;
  - defining roles and responsibilities of the Nutrition Cluster through consultation;
- review projects through a review mechanism in the Nutrition Cluster and make cluster support for individual projects clear in the OPS system (to "approve" projects);
- facilitate the MYR of the CAP, in light of up-to-date information from assessments and monitoring, and ascertain that each priority and project remains relevant and feasible and is realistically budgeted. The NCC should propose adjustments (modifications, deletions, additions) if needed;
- prioritise remaining unfunded or under-funded projects using at least a two-tier system (top priority and medium priority).

What to remember:

✔ As most CAPs are shared with the national authority for endorsement prior to publication, it is wise to ensure that projects have been discussed not only within the Nutrition Cluster but with relevant national authority representatives and counterparts to ensure buy-in and support.

✔ CAPs undergo a Gender Marker exercise. Failure to demonstrate gender considerations in the formulation of a project and its submission could result in decreased funding opportunities, as donors use the Gender Marker as a tool to inform their funding decisions.

✔ Individual agencies should give their headquarters an early look at new or revised projects to minimise misunderstandings and last-minute changes.

8.2.4 Country-level pooled funds

In certain countries, a number of donors and agencies have agreed to establish pooled or common funding mechanisms at country level for humanitarian activities. There are three types of pooled fund: ERFs, CHFs and the CERF. Each serves a different purpose, but the three are complementary at country level: the CHF for strategic programming, the ERF for unforeseen flare-ups and the CERF as needed for the injection of urgent additional funds.

Pooled funding mechanisms are intended to provide early and predictable funding, and to support the timely allocation and disbursement of funds to meet the most critical humanitarian needs. Typically, they are managed by the RC/HC. They use the CAP as a basis for coordination, prioritisation and allocations. Pooled funds are distinct from CERF grant facilities in that non-UN agencies are generally eligible to apply directly for funding for activities in line with agreed priorities. Details regarding country-specific pooled funds, their processes, allocations and requirements can be obtained from the relevant RC/HC, but broadly they include:

- **OCHA Expanded Humanitarian Response Funds:** These are small funds, the majority of which support NGO activities (both national and international). They are usually established to meet unforeseen needs that are not included in the CAP or similar coordination mechanisms, but which are in line with CHAP objectives and identified priorities. They support short-term projects of up to six months in duration;

- **Common Humanitarian Funds (CHFs):** These support core activities within the CHAP by providing grants to priority projects included in the CAP. CHF allocations are based on a consultative process that engages cluster groups and other relevant stakeholders at country level. Allocation rounds are typically undertaken 2–3 times a year, with the majority of CHF funds allocated at the beginning of the year. A CHF also maintains an Emergency Reserve that is used by the HC to respond to unforeseen emergency needs outside of the CAP.[123]

8.2.5 Internal agency funding tools and mechanisms

Nutrition Cluster partner agencies may have their own internal funding tools and mechanisms. In brief, these may include:

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[123] OCHA (2010). *Basic Facts about Country Based Humanitarian Pooled Funds*.

a. **broad-based agency appeals:**

- **rapid-onset appeals:** These are appeals that are developed by individual agencies for widespread advocacy and fundraising in response to a specific event. For example, UNICEF issues an Immediate Needs Document within 72 hours of the onset of a disaster, to jump-start fundraising efforts by its national committees;
- **annual appeals for ongoing emergencies:** In protracted emergencies, funding appeals may be developed on an annual basis by individual agencies. For example, UNICEF develops the Humanitarian Action for Children Report, which targets national committees for fundraising, as well as government donors, on an annual basis;

b. **direct bilateral funding proposals:** Bilateral funding arrangements can be less time-consuming and more flexible than multilateral grants, as they are negotiated directly with the donor. The agency is able to collaborate with the donor to target projects of mutual interest. The formats and timelines vary between donors; however, all projects should be included in the CAP. International public sector donors provide funding for both ongoing humanitarian projects and emergency humanitarian responses. Major donors include the UK Department for International Development (DFID), the European Commission Humanitarian Aid Department (ECHO), Japan International Cooperation Agency (JICA), the Australian Government Overseas Development Program (AusAid), Swiss Development Cooperation (SDC) and the Office of U.S. Foreign Disaster Assistance (OFDA);

c. **internal agency resources:** In addition to internal fundraising appeals, agencies may have other mechanisms to mobilise funds in-country in the short term. For example:

- In any given emergency, UNICEF country offices have a number of options for the mobilisation of funds for initial activities. Available funds can be “reprogrammed” or moved from initially planned activities to current needs under certain conditions. Unearmarked funds that are received can also be readily committed to prioritised needs, based on consultation with senior management.
- UNICEF’s Emergency Programme Fund (EPF) provides reimbursable loans to country offices for cash and supply requirements for a broad range of activities and resources.

- Many UN agencies, IFRC and some large NGOs have internal emergency funds to help jump-start large-scale or unanticipated humanitarian operations in affected countries.

The NCC should let Nutrition Cluster partners know about the **CERF Loan Mechanism**[124] if an official pledge or commitment from a donor has been received for humanitarian activities but there is a delay between the commitment and the transfer of funds. UN agencies, the IOM and OCHA are eligible to apply for loans, and do so on their own. The requesting agency has a direct responsibility to reimburse the loan.

8.2.6 Monitoring fundraising

The NCC has a key role to play in monitoring the overall identified financial needs needed to fulfil the Nutrition Cluster strategy against available resources in order to identify gaps and, with the engagement of Nutrition Cluster partners, mobilise resources to address these gaps.

This requires the NCC to:

- review information in the FTS in terms of needs and available funds;
- compile and update financial needs and resources among Nutrition Cluster partners;
- review expenditure against the Nutrition Cluster coordination team project sheet (the NCC may need to liaise with CLA staff to obtain the most up-to-date expenditure information).

Asking for information relating to financial resources can be sensitive, and so the NCC needs to make the rationale for, and added value of, sharing this information clear to Nutrition Cluster partners. Partners who are involved in the CHAP and the CAP are responsible for updating the FTS system themselves. Partners who are not part of the CHAP or the CAP should also be approached to share information on financial resources, in order to ensure that the NCC can reflect all financial aspects of the Nutrition Cluster response.

Points to consider in financial monitoring include the following:

- What are the **actual costs?** Do they correspond to the **planned budget**?

124 Specific documents are required, which can be found via the CERF website: **http://www.unocha.org/cerf**.

- If not, which components are **over-budget or under-budget, and why**?
- Are there **activities that need to be modified** to reflect the current situation, and does the scale of the changes require the donor to be formally notified?
- Can the expenditure information help generate clear **estimates of costs per beneficiary or costs for cluster coordination activities** that can be used in further fundraising?

8.3 MOBILISATION OF SUPPLIES AND EQUIPMENT

The capacity to deliver specific nutrition interventions depends on having adequate supplies and equipment in the right place at the right time (Box 8.5). The type and quantity of supplies required will depend on the scale and nature of the emergency, as well as the specific interventions outlined in the response. The nutrition commodities needed for the response should be identified and included in the development of the Nutrition Cluster response strategy (section 5.1). Supplies and equipment can be drawn from a number of sources, including in-country stocks held by Nutrition Cluster partners, via national or international procurement and through cross-border loans between agencies when required.

In order to ensure that the Nutrition Cluster can fulfil its emergency response strategy and that breaks in the pipeline and interruptions in service delivery are prevented, some level of preparedness planning, supply inventory, forecasting and logistics capacity (transport, storage, and distribution) are required. Commodities used to treat SAM and MAM are often categorised as food products, and are subject to specific regulations at country level. Establishing standards for quality control is a critical issue, and often requires advocacy and investment in capacity building. Failure to maintain adequate coordination around supplies and equipment can lead to interruptions in nutrition services, avoidable morbidity and mortality, and strained working relationships between Nutrition Cluster partners, the national authority and affected communities.

8.3.1 Who is involved?

- **The NCC** is responsible for coordinating between Nutrition Cluster partners to ensure that overall supply and equipment needs for the emergency response are regularly identified and that the Nutrition Cluster as a whole can identify and address any pipeline issues. This includes:

- ✔ facilitating **information exchange** and discussions around the type, specification and quantity of supplies and equipment needed for a specific period of time with Nutrition Cluster partners, and providing partners with regular status updates;
- ✔ **calculating immediate needs:** The NCC facilitates the identification of immediate needs for supplies and equipment at the onset of the emergency, based on planned numbers of beneficiaries and taking into account available in-country supplies and equipment;
- ✔ **calculating near-term needs:** The NCC facilitates the definition of anticipated needs over a specific period of time, based on the Nutrition Cluster response strategy and taking into account increased supply and equipment needs with the expansion of programming and in-crisis contingency planning (section 5.6). Subsequently, the NCC and Nutrition Cluster partners develop plans to meet those needs. Assessing supply and equipment needs should be based on needs, not just on available resources;
- ✔ **updating and revision of planning figures:** The NCC regularly updates available estimates of needs and available supplies (in-country and ordered or in transit) in order to ensure that there are no breaks in the pipeline;
- ✔ **inter-cluster linkages:** The NCC acts as a bridge between clusters to ensure that appropriate programmatic linkages are developed and supported in order to avoid gaps and prevent duplication. This process commonly includes the Health Cluster (in particular around antenatal and postnatal supplementation for women, and vitamin A and vaccination campaigns) and the Food Security Cluster (in terms of rations and complementarity of commodities and targeting);
- ✔ **liaison:** The NCC has a role to play in liaising with common suppliers such as UNICEF and WFP and with local producers to ensure that any potential disruptions in supplies are identified, communicated and addressed. Similarly, the NCC liaises with Nutrition Cluster partners in the field to maintain an overview of available supplies and the anticipated timeframe in which those supplies will run out, in order to ensure that ordering (procurement) of supplies is adequate;
- ✔ **promoting adherence to national quality control standards and procedures:** Given that nutrition commodities are often classified as a food product, the NCC has a role to play in ensuring that available quality control standards on nutrition commodities are identified and disseminated. When necessary, the NCC facilitates work with the national authority and Nutrition Cluster partners to establish or update these standards.

Box 8.5: Common materials for a nutrition response

Supplies and equipment for a nutrition response include a range of materials, including but not limited to:

- commodities to treat SAM, e.g. F75, F100, ready-to-use therapeutic foods (RUTF);
- commodities to treat MAM, e.g. lipid-based nutrient supplements, fortified blended foods;
- commodities to prevent malnutrition, e.g. lipid-based nutrient supplements, fortified blended foods, mironutrient powders;
- micronutrients: Vitamin A, iron/folate, multiple micronutrient supplements;
- routine medication for the treatment of SAM and MAM: amoxicillin, antimalarial drugs, deworming tablets;
- anthropometric equipment: scales, height boards, MUAC tapes.

The supplies and equipment used in the response should meet national-level product specifications, if these exist. In the absence of such specifications, the Nutrition Cluster should consider global guidance in order to agree on basic minimum specifications to ensure that the response is standardised.

- **The IM manager** supports the NCC in managing information related to supplies and equipment. Specific activities will depend on the IM system that has been established, the number of partners and the scale of the emergency. They may include the development of specific templates for planning and tracking available and incoming materials.
- **The CLA**, with the support of the NCC, has the ultimate responsibility for advocating for overall Nutrition Cluster resource requirements with the RC/HC, donors and the humanitarian community. The CLA also has the responsibility to act as the provider of last resort (POLR), if resources and the security situation permit.
- **Nutrition Cluster partners** share information with the NCC to ensure that overall Nutrition Cluster needs for stocks of supplies and equipment are identified. Some agencies have their own independent supply/equipment pipelines and do not necessarily participate in joint supply planning via the Nutrition Cluster. However, these agencies are still encouraged to share

information with the NCC so that needs for the response as a whole are not over- or under-estimated. Nutrition Cluster partners also share updates on supply and equipment procurement and distribution, in order to identify potential shortfalls, and work together to prevent breaks in the pipeline (e.g. through short-term loans of material between agencies).

8.3.2 Identifying and meeting supply needs

There are no global guidelines for nutrition supply and equipment forecasting, though the broad steps involved are outlined in Table 8.2. Ideally, supply and equipment planning should be addressed through emergency preparedness activities. However, emergency preparedness estimates need to be reviewed according to the specific parameters of each emergency.

Table 8.2: Steps to take in calculating supply needs for the Nutrition Cluster

Aspect	Points to consider
Calculating beneficiary numbers over a specific period of time	✔ The information used to generate estimates should be based on the most **recent assessment data and population figures**. If contingency planning or emergency preparedness plans have been developed, they should be reviewed to verify if they are still valid for the specific emergency context. ✔ Information on population size and nutrition outcomes may be limited. In this case, available information should form the basis for "**best guesses**" and estimates of the affected population, and the rationale should be documented. ✔ **Target groups** should be based on the interventions that the Nutrition Cluster has committed to in its response strategy.
Calculating beneficiary numbers over a specific period of time	✔ **Prevalence information** can be used to estimate the number of individuals who are affected at one point in time. Planning for the overall response needs to take into account the total estimated number of individuals who will be affected over time (e.g. incidence). Incidence of SAM and MAM cases can be estimated by applying a conversion factor to prevalence estimates, though there is no global consensus on conversion factors.[1] ✔ It is rare that nutrition interventions cover 100% of those targeted, due to security issues, access and capacity. Coverage targets for some programmes are found in the Sphere Minimum Standards, but they need to be defined by each programme and by the Nutrition Cluster as a whole. For example: ● 10,000 children aged 6–59 months x prevalence of SAM 2.0% = 200 children aged 6–59 months; ● 200 children x estimated incidence of 1.6 cases per year = 320 children aged 6–59 months; ● 320 children x 70% coverage in a camp = 224 children. 1 In practice, conversion factors of 1.5 to 3 have been used in the field to obtain annual estimates of numbers affected, depending on the severity of the situation and using a lower factor in a less severe environment.

Table 8.2: Steps to take in calculating supply needs for the Nutrition Cluster

Aspect	Points to consider
Calculating the supplies and equipment needed to reach the target group	✔ Once the number of targeted beneficiaries has been determined, it is necessary to calculate the **quantities of supplies and equipment** that are needed to deliver that specific intervention to that number of individuals, e.g. the number of sachets of RUTF and hence the number of metric tonnes of RUTF required for that specific period of time. Different agencies may use **different estimations of supplies per beneficiary**, and the estimates will depend on contextual factors (e.g. average length of stay for treatment of SAM). However, it is possible to generate planning estimates through consultation. ✔ The **specifications for planned supplies** should also be reviewed to ensure that they are in line with national standards for nutrition commodities. ✔ There is currently no global consensus on costs per intervention, though some estimates in relation to supplies per treatment per individual are under development.[2] The estimated quantity of supplies needed, however, can be costed and incorporated into appeals as needed. ✔ Some additional supplies should be included to take into account potential damage or deterioration in transport, though again there is no global consensus on this parameter. Estimates might range from 5% to 10%. Some resources that may be of some use include: ● SAM: UNICEF CMAM forecasting tool, FANTA CMAM Costing Tool.[3] ——— 2 GNC (2011). *MAM Task Force Nutrition Product Sheet* (draft). 3 See http://www.fantaproject.org/publications/CMAM_costing_tool.shtml.
Compiling an inventory of available materials on the ground and in the pipeline	The **system** for inventorying available in-country supplies can be quite simple. Information should be updated regularly, since the situation may change rapidly. Ideally, the format for consolidating information on supplies can draw on information easily excerpted from regular agency reporting. Points to consider include: ● the agency; ● the location (national or sub-national level); ● available supplies by type (using an agreed unit of measure); ● how long the supplies should last under current/planned conditions (e.g. average consumption rate per month); ● procurement plans and anticipated arrival/delivery times. The IM manager and the NCC can consolidate this information as needed to generate the overall picture of available and incoming supplies. When this is compared against the response plan, it will be clear whether these supplies are sufficient or not.

Table 8.2: Steps to take in calculating supply needs for the Nutrition Cluster

Aspect	Points to consider
Addressing equipment and supply needs at the Nutrition Cluster level	✔ Once immediate and medium-term gaps are clear, the NCC and Nutrition Cluster partners need to **determine how as a group to address these supply and equipment needs**. ✔ **Procurement** may be done through individual agencies procuring on behalf of others (e.g. UNICEF and WFP as common suppliers, including cross-border loans when necessary), individual agencies procuring directly for themselves, and loans between agencies at field level to address short-term shortfalls in available supplies. ✔ Each agency has its own procurement procedures, and the **time lag** between ordering and receiving supplies and equipment can vary substantially depending on the specific modality (e.g. shipping by air, by sea, local procurement). The NCC should be aware of the broad differences in order to be able to meaningfully engage with partners around how these gaps will be met. This includes identifying **options** for sourcing required supplies (e.g. local production, partners, cross-border loans and offshore procurement) and the **time lag** for different modes of procurement. Adequate time for paperwork (such as clearance of supplies in line with **national import quality control procedures**) should also be factored in. ✔ **In-crisis contingency planning** should be incorporated into the planning process. The Nutrition Cluster should consider **stockpiling supplies in specific areas** if the security situation is unpredictable, if a prolonged response is anticipated, if there are likely to be fluctuations in supply and distribution and/or high consumption rates, and if there is limited transport available or transport infrastructure is poor. ✔ The NCC and Nutrition Cluster partners should **regularly monitor and adjust plans** for supply and logistics in line with changing needs, stock levels, distribution and utilisation patterns, and cluster partner feedback. ✔ If there is an **actual or potential breakdown in the supply pipeline**, localised loans of materials between agencies that have additional supplies and those whose nutrition programming are interrupted by lack of supplies should be facilitated.
Clearance, transport, storage and disposal	✔ The NCC will not have a management role in the receipt and transport of materials, since this is the responsibility of specific agency procurement staff. However, the NCC needs to **ensure that issues related to logistics and supply chain management are addressed in cluster-level discussions**. ✔ Basic information on proper storage of nutrition commodities should be shared widely to ensure that supplies do not undergo changes that would render them unusable (e.g. high heat contributing to breakdown of micronutrients or changes in taste, colour or smell). ✔ The NCC also needs to ensure that **import clearance and quality control procedures are respected** by Nutrition Cluster partners, and that the quality control system is functional. If delays are arising from the quality control system, the NCC may need to take on an advocacy role on behalf of a specific partner, while the Nutrition Cluster as a whole may need to consider incorporating capacity building activities into its response strategy around the promotion of national supply standards and the quality control capacity of the national authority. ✔ Where it is necessary for **nutrition commodities to be disposed of**, the rationale and process should be very transparent. In some cases, specific commodities can be utilised instead of being disposed of, though this will depend on partner capacity and technical correctness.

Table 8.2: Steps to take in calculating supply needs for the Nutrition Cluster	
Aspect	**Points to consider**
Ensuring proper use of supplies	✔ The NCC should work with the Nutrition Cluster to develop a **monitoring system for supplies** as part of the wider M&E system to help prevent inappropriate use, or non-use, of supplies. ✔ Where needed, the Nutrition Cluster should consider specific trainings on **supply chain management**. Best practices should be promoted, e.g. first in, first out for supplies, and adhering to basic storage guidelines to maintain product quality. Additional expertise of Nutrition Cluster partners or others in supply chain management and logistics should be called on as needed.

8.3.3 Promoting standards in nutrition supplies and equipment

Commodities to treat SAM and MAM and to prevent malnutrition are often categorised as food products and are therefore often regulated differently from medical supplies such as vaccines. National standards and procedures around nutrition supplies, if in place, should be respected to the best degree possible. If national standards on product specifications are lacking or out of date, then ideally the Nutrition Cluster should agree on minimum standards and specifications (Chapter 6). At times, the national authority will have preferences around specific commodities or sources that will need to be addressed through advocacy by the NCC and the Nutrition Cluster. Many of these issues are better dealt with prior to the emergency or as part of recovery from it.

The NCC should:

- ✔ ensure that the **medical aspect** of such commodities is clear to key authorities;
- ✔ **identify existing standards** in nutrition supplies and equipment;
- ✔ **review standards** to see if they are in line with international standards, and advocate for them to be updated if needed (e.g. if an item is not included, or includes specifications from an older formulation);
- ✔ **disseminate** existing standards/Nutrition Cluster standards or guidance notes in relation to quality control and storage;
- ✔ **advocate for the incorporation of relevant aspects** of quality control of nutrition supplies **into nutrition guidelines**;

- ✔ **build working relationships** with national-level quality control focal points to ensure that an open dialogue is established;
- ✔ **explore capacity building** for quality control focal persons/institutions (depending on the overall priorities of the Nutrition Cluster response strategy).

8.3.4 Supply and equipment preparedness

A number of activities can be undertaken in advance of an emergency to facilitate the mobilisation of supplies and equipment. The NCC should:

- ✔ **facilitate identification of nutrition supplies and equipment commonly required** for responses in-country and relevant technical specifications;
- ✔ ensure that supply needs and budgeting are defined as part of **emergency preparedness planning** and advocate that Nutrition Cluster strategies for mobilising and stockpiling materials are integrated into ongoing national authority emergency preparedness plans;
- ✔ work with the Nutrition Cluster to **develop standardised and contextualised forecasting estimates**, e.g. average number of weeks of treatment and incidence rates, based on evidence from assessment and from partner implementation;
- ✔ review programming, including numbers of beneficiaries per month, **to identify seasonal trends that may need to be taken into account** in supply planning;
- ✔ encourage **development or strengthening of supply and equipment standards** in relation to storage and use of nutrition supplies if needed, or promote dissemination and application of these standards if they already exist;
- ✔ **engage national authorities** to identify if there is a need to review quality control testing capacity, and incorporate this into capacity mapping and capacity building activities if needed;
- ✔ **develop supply and distribution monitoring tools** in consultation with Nutrition Cluster partners and the national authority;
- ✔ work with the Nutrition Cluster to define the minimum supplies needed for emergency response scenarios and **gather commitments** from partners for mobilisation. These plans may include stockpiling supplies where security and access permit, though stockpiling does have associated costs that need to be addressed;

✔ ensure that budgets include both the costs of supplies themselves and associated costs such as transportation, storage and distribution.

Resources

Flash Appeals

- IASC (2011). *Flash Appeal Template*
- IASC (2010). *Revised Guidelines for Flash Appeals*
- IASC (2010). *FAQs: What you need to know*
- IASC CWGER/CAP SWG (2009). *Including Early Recovery Requirements into Flash Appeals: A Phased Approach*

Consolidated Appeals Process (CAP)

- GNC/P. Webb (2009). *How Nutrition is Framed in the Consolidated Appeals Process: A Review of 1992 to 2009*
- IASC (2011). *CAP Guidelines*
- IASC (2011). *Guidance: Role of Cluster Coordinators in the Consolidated Appeals Process*
- IASC (2010). *CAP Mid-Year Review Guidelines*
- IASC (2007). *Needs Assessment Framework*
- IASC (2004). *Guidance for Project Selection and Prioritization*
- OCHA (2011). *Online Project System for Consolidated and Flash Appeals: User Guide*
- OCHA (2010). *NGOs in CAPs* (flyer)

Central Emergency Response Fund (CERF)

- IASC (2011). *Guidance Note on Applying for CERF Rapid Response Grants*
- IASC (2011). *RC/HC Narrative Reporting Template on the Use of CERF Funds*
- IASC (2010). *CERF Procedures for Grant Allocations for Underfunded Emergencies*

- IASC (2010). *CERF Underfunded Emergencies Window: Procedures and Criteria*
- IASC (2009). *CERF Application Template (for HC/RC) for Rapid Response of Under-Funded Grants*
- IASC (2007). *CERF Life-Saving Criteria*

Supplies and forecasting

- MAM Task Force Nutrition Product Sheets
- FANTA CMAM Costing Tool
- UNICEF CMAM forecasting tool

➜ **UN CERF website, with information on the different windows and application toolkits:** http://www.unocha.org/cerf

➜ **Training tools and materials relating to CERF:** http://ochaonline.un.org/cerf/HowtoApply/TrainingToolKit/tabid/1811/Default.aspx

➜ **Website for the Flash Appeal and the CAP, with a range of best practice examples and guidelines on the appeals process:** http://www.unocha.org/cap

➜ **OCHA Financial Tracking Service:** http://fts.unocha.org

➜ **OCHA Online Project System:** http://ops.unocha.org

Chapter 9

MONITORING AND EVALUATION (M&E) AND LESSON LEARNING

Chapter 9:

MONITORING AND EVALUATION (M&E) AND LESSON LEARNING

This chapter provides an overview of guidance and resources related to monitoring and evaluation (M&E) and lesson learning at the level of individual agency programming and at the level of the Nutrition Cluster. While these topics are dealt with in separate sections, they are inter-related and should be considered together; both are dependent on a functional information management (IM) system (Chapter 3). There are a number of challenges involved in developing and using M&E systems effectively, due to the lack of standard methodologies and indicators, difficulties in establishing pre-crisis baselines and the often weak link between information and action. Practical steps that can be taken to address these gaps and resources are outlined in this chapter.

9.1	**Monitoring**	• What is the purpose of monitoring? • Who is involved in monitoring? • Monitoring at the level of individual agency programming • Monitoring at the level of the Nutrition Cluster • Challenges
9.2	**Evaluating and lesson learning**	• What is the purpose of evaluation? • Who is involved in evaluations? • Evaluations at the level of individual programmes • Evaluations at the level of the Nutrition Cluster • Complementary initiatives • Challenges

KEY POINTS

- Monitoring and evaluation take place at two levels – at the level of individual agency programmes and at the level of the Nutrition Cluster – and systems must be developed for each. Information, indicators and data generated by one system

can contribute to components of the other. As a result, M&E planning should ensure that, where feasible, the two systems complement each other.

- Standard measurements and indicators should be agreed within the Nutrition Cluster for individual agencies to use in monitoring their own programmes, in order to facilitate overall analysis of the response.
- Monitoring at the Nutrition Cluster level captures the implementation of the cluster's response strategy and partners' collective contribution to the overall Nutrition Cluster response. Thematic, geographic and situation monitoring are complementary processes.
- Nutrition Cluster partners may undertake evaluations of their own portfolios of programming (if they have programming in more than one cluster) or of their nutrition programmes specifically, in order to determine their impact and to reorient programming as needed.
- Evaluation at the Nutrition Cluster level captures the performance of the cluster in relation to the functional areas of the Terms of Reference (TOR) for cluster leads.
- There is limited formal guidance on M&E at the level of the Nutrition Cluster. However, examples from practice can be drawn on when developing a methodology.
- Lesson learning through formal or informal processes is one mechanism for generating knowledge about what worked well, what did not work and what could be done better next time. This knowledge can be fed back into the Nutrition Cluster in order to take action to improve performance.

9.1 MONITORING

9.1.1 What is the purpose of monitoring?

Monitoring refers to the process of observation, measurement and evaluation of the extent to which inputs (financial, human, material, technological and information resources used for a humanitarian action) and outputs (products, goods or services that are the direct results of a humanitarian action) are progressing according to a specific plan, so that action can be taken in a timely manner to address any

Sphere Minimum Standards, Core Standard 5: Performance, transparency and learning

The performance of humanitarian agencies is continually examined and communicated to stakeholders; projects are adapted in response to performance.

gaps.[125] The primary focus is on process monitoring, in other words monitoring of programme delivery. Assessment of impact is generally done through an evaluation (section 9.2).

The purpose of monitoring in the Nutrition Cluster is to:

- track changes in the emergency situation and evolving needs;
- assess the progress and coverage of the Nutrition Cluster response;
- facilitate accountability to stakeholders;
- identify and address problem areas and issues as they arise;
- promote and highlight achievements to inform ongoing decision-making and future Nutrition Cluster interventions.

Effective monitoring systems are essential to make the best use of the resources available. Monitoring in the context of the Cluster Approach occurs at two levels (covered in more detail in sections 9.1.3 and 9.1.4):

- **at the programme level in terms of individual agency implementation**, where Nutrition Cluster partners collaboratively define appropriate monitoring standards (including indicators and frequency of reporting) for nutrition programming. Individual agencies collect and use monitoring information to identify gaps in their programme coverage and performance in order to take corrective action. Some issues may be beyond the capacity of an individual agency to address, or they may be common across many agencies. In this case, these issues can be brought to the Nutrition Cluster to collaboratively define the most appropriate way forward;

125 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 20: Monitoring and evaluation. Version 2.*

- at **the level of Nutrition Cluster as a whole** in terms of monitoring the implementation of the cluster's response strategy and partners' collective contribution to the overall Nutrition Cluster response. The Nutrition Cluster collaboratively defines targets and indicators for this level of monitoring, in large part through the nutrition component of the Consolidated Appeals Process (CAP). Individual agency monitoring information is consolidated at the Nutrition Cluster level in order to identify issues (such as geographic or thematic gaps in service due to suspension of programmes in insecure contexts or poor performance) and to define actions that are relevant at the cluster level to address these issues (e.g. negotiation that individual agencies expand their geographic coverage for an interim period or adopt remote management arrangements, or cluster-level capacity building around a specific technical area). In addition, situation monitoring allows the Nutrition Cluster Coordinator (NCC) and Nutrition Cluster partners to modify the cluster's response strategy to ensure that it remains relevant in the changing context.

At both programme and Nutrition Cluster levels, the monitoring process and tools used should consider gender dimensions, and the data and analysis generated should be used to help design responses that meet the specific needs of women, girls, boys and men.

9.1.2 Who is involved in monitoring?

- **The NCC** is responsible for ensuring that standards and systems are in place for monitoring the nutrition programming of individual Nutrition Cluster partners, as well as for monitoring at the level of the Nutrition Cluster. This includes:
  - ✔ ensuring that the Nutrition Cluster's **commitment to monitoring** at the level of individual agency programming and at the level of the cluster as a whole is incorporated into the Nutrition Cluster Terms of Reference (TOR)/ Standard Operating Procedures (SOP);
  - ✔ collaborating with the **IM** manager to ensure that the information management system is mapped, and that all relevant national and partner guidelines in relation to monitoring are identified;
  - ✔ ensuring that **baseline information**, either pre-crisis or in-crisis if this is unavailable, is consolidated and that there is **consensus** around basic information in terms of numbers of people affected and numbers of people targeted;
  - ✔ **facilitating documentation** of the design of the monitoring system;

Box 9.1: Coordination at sub-national level

Good organisation at sub-national level, e.g. through sub-national Nutrition Cluster structures and involving local authorities, will help to facilitate coordinated disaggregated data collection, analysis and reporting. These structures are also best able to follow up on agencies that fail to provide regular information and to determine practical ways to encourage information sharing. Involvement of community representatives and/or local authorities in situation and progress monitoring can assist in building local capacity and in complementing the capacity of partner agencies.

- ✔ ensuring that **consideration is given to cross-cutting issues**, in particular around sex and age disaggregation of data, in a methodologically sound manner;
- ✔ **addressing any lack of standardisation** between indicators at the individual agency programme level and at the level of the Nutrition Cluster to the best degree possible through consultation (section 9.1.3);
- ✔ using **Nutrition Cluster meetings for strategic discussions of the monitoring information** that has been compiled at individual agency and cluster levels, as opposed to using the meetings for gathering this information;
- ✔ **sharing information** on key gaps and issues that may be better addressed through inter-cluster action with other clusters and the UN Office for the Coordination of Humanitarian Affairs (OCHA);
- ✔ ensuring that any **financial needs for monitoring activities** at Nutrition Cluster level are identified and mobilised.

- **The IM manager** supports the design of the monitoring system and the definition of monitoring standards, as well as capacity building activities needed to enable partners to contribute to and gain from the monitoring system.
- **Nutrition Cluster partners** define and use the monitoring system at both the level of their own individual programming and the level of the Nutrition Cluster. They also bring issues to the Nutrition Cluster mechanism where cluster-level support may be needed to address gaps or issues that have been identified through monitoring at the individual agency programme level. Coordination and

information sharing between national and sub-national levels are important to promote the generation and use of monitoring information (Box 9.1).

- **OCHA** is responsible for coordinating monitoring information across clusters through the IM Working Group (IMWG) and the Inter-Cluster Coordination Group (ICCG). This role will depend on the context and needs, but it will include coordination of the timing of different cluster-level monitoring activities (e.g. Mid-Year Review and End-Year Review of the CAP), consolidating information from various clusters and generating technical consensus around cross-cluster indicators.

9.1.3 Monitoring at the level of individual agency programming

Nutrition programming encompasses a wide range of technical interventions. Each of these has a specific objective, e.g. correction of moderate acute malnutrition (MAM) or prevention of a specific micronutrient deficiency. Technical standards for implementation of these interventions are identified, strengthened and/or developed through the Nutrition Cluster mechanism (section 6.2).

Standard measurements and indicators should be agreed within the Nutrition Cluster for individual agencies to use in monitoring their own programmes. This will facilitate overall analysis of the response and identify gaps and needs. Targets for relevant indicators should also be defined, so that monitoring information can be reviewed to assess whether or not specific technical standards (e.g. performance statistics for selective feeding programmes) are being met, and to ensure that corrective action can be taken as needed. The way in which technical interventions are monitored should be defined in the technical standards. Key monitoring questions and resources for a wide range of technical interventions relevant in nutrition emergencies can be found in Module 20 of the the Harmonised Training Package (HTP)[126] and in the Sphere Minimum Standards.[127]

The way in which individual agency monitoring data should feed into overall Nutrition Cluster monitoring should also be defined, either within the technical

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126 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies*. See the GNC website, or **http://www.unscn.org/en/gnc_htp**. There are, however, gaps in global technical guidance for monitoring and programming in relation to some age groups (e.g. older children, adults and older persons) and specific technical interventions (e.g. specific indicators and targets for performance monitoring, such as for infant and young child feeding).

127 See **http://www.sphereproject.org**. The majority of the Sphere indicators are not easily collected through monitoring systems, but are easier to collect through specific assessments or evaluations.

standards or as a parallel process. For example, data on selected common indicators from programme-level monitoring can be regularly compiled and analysed (e.g. every six months) to measure progress of the Nutrition Cluster as a whole in terms of outputs.

9.1.4 Monitoring at the level of the Nutrition Cluster

a. Developing the monitoring system

If there is already an adequate monitoring system to track the progress of the collective effort of individual Nutrition Cluster partner agencies against the cluster response strategy, then the NCC, the IM manager and Nutrition Cluster partners can focus on using monitoring information to improve coordination between individual agencies and to address any gaps in service provision.

If there is no viable monitoring system to track collective progress, or if one is in place but is no longer relevant to the specific emergency, then the NCC, the IM manager and Nutrition Cluster partners need to engage in a consultative process of revision or development. The process may be led by a smaller Technical Working Group (TWG), in which case it needs to make strategic linkages with the Nutrition Cluster as a whole (Table 9.1).

Table 9.1: Steps in developing a monitoring system for the Nutrition Cluster

Steps	Points to consider
1. Identify available standards and systems for monitoring at the Nutrition Cluster level.	✔ **Identify relevant standards** available at the country level related to individual agency-level programme monitoring and overall monitoring of the nutrition field (e.g. Ministry of Health Nutrition Department reporting standards). ✔ Compile **information from mapping of the IM system** for nutrition in terms of available data, frequency, format, etc. (section 3.3), ensuring that the national authority's IM infrastructure is in line with its engagement with the cluster response. ✔ **Consolidate the reporting and information needs** of various stakeholders, e.g. Nutrition Cluster partners, OCHA, donors. ✔ Collectively **review the standards and system** in light of the current emergency.

Table 9.1: Steps in developing a monitoring system for the Nutrition Cluster	
Steps	**Points to consider**
2. Draft the standards and system for monitoring the Nutrition Cluster as a whole.	✔ Based on a review of in-country technical expertise and the timeframe available, formally **designate an appropriate group of individuals** to take the process forward in designing the monitoring system (see below on indicators). Developing standards within a short timeframe is generally best done with a group of technical experts in a TWG, who have a specific TOR for their work. ✔ Develop **options for a monitoring system at the Nutrition Cluster level.**[1] Collectively prioritise the indicators, e.g. based on their practicality for collecting data of good quality and operational importance (section 3.3.1). Ensure that the monitoring requirements of different agencies are clearly articulated so that the proposed Nutrition Cluster-level monitoring is complementary. ✔ Liaise with the ICCG/IMWG in terms of inter-cluster information resources and needs, and ensure that cross-cutting issues such as gender and age are mainstreamed into the standards to the greatest extent possible. 1 While there is no formal guidance on how to do this in emergencies, the World Bank has a guide on how to design a monitoring system in non-emergency situations, based on the conceptual model of undernutrition and feasibility of data collection (see Resources section at the end of this chapter). Guidance on the prioritisation of indicators is found in OCHA Training Module 3.
3. Facilitate an effective feedback mechanism between the TWG and the wider Nutrition Cluster, and generate consensus on the proposed standards and system.	✔ Compiling brief progress updates for the wider Nutrition Cluster, complemented by periodic presentations and discussions at strategic points in the development of standards with the Nutrition Cluster as a whole, is the best way to ensure that **partners are strategically engaged** and that they support the proposed monitoring system. ✔ When sending materials for **comment**, the depth of feedback and type of feedback sought should be clarified to make the best use of partners' time. ✔ Once feedback has been incorporated, **facilitate consensus and commitment** from Nutrition Cluster partners.
4. Ensure that monitoring standards are disseminated, scaled up and used.	✔ Clearly articulate, in all relevant languages, and widely **disseminate** agreed formats and standards in monitoring to all Nutrition Cluster stakeholders. Share information with local leaders of affected communities as well as with local authorities. ✔ Ensure that the introduction of the monitoring system is linked to **capacity building planning and orientation sessions** around the standards as needed. ✔ Incorporate relevant indicators into **supportive supervision guidelines**. ✔ Regularly **review** consolidated monitoring information within the Nutrition Cluster, and use it as the basis for further action.

There are several issues to keep in mind in establishing and using monitoring systems at cluster level:

- The **specific indicators, frequency, mechanisms** for collection and collation, and analysis should take into consideration existing national and international standards, indicators used for rapid and comprehensive assessments and commitments of the Nutrition Cluster through its response strategy and the Common Humanitarian Action Plan (CHAP)/CAP.[128] If complementary indicators are used, then it is easier to make meaningful comparisons with original baseline data.[129]
- The system for monitoring the overall inputs of Nutrition Cluster partners should **build on available capacity**, including national authority systems for monitoring technical interventions in nutrition. The system used during the emergency, or specific components of it that have a proven value to improved coordination, should be integrated into the national authority's IM systems beyond the emergency period.
- Contribution of **information on a timely basis** by partners can often be a weak point. The information that is gathered by the Nutrition Cluster monitoring system needs to be "light" in terms of additional effort required, operationally important and adequate to mobilise response.
- The **time between gathering information and using it** needs to be very short. Information should be discussed and used at the local level, and shared with other levels for additional input and support. Consolidated overview information should also be reviewed as quickly as possible within the Nutrition Cluster, to ensure timely responses and also to show the value of generating information through its use at cluster level.
- **Engaging the community** in monitoring activities and downward accountability are still weak points in most monitoring systems, and are challenging to develop in an emergency. When conditions permit, consider involving the community in specific points of the monitoring process, e.g. links to community-level monitoring where applicable, ensuring that monitoring information is available for the community and developing a mechanism for community feedback. Specific

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128 The Nutrition Cluster response strategy and the CHAP/CAP may not be developed at the same time as the Nutrition Cluster monitoring system. Every effort should be made to ensure that the indicators are complementary between these two initiatives. However, these systems do not have to be identical, if there is a clear value in expanding/reducing/modifying the indicators that are used in the Nutrition Cluster monitoring system.

129 In the absence of pre-crisis baseline data, the in-crisis baseline established from initial assessments is used.

attention should be paid to the participation of women and youth in monitoring activities, as they generally have weaker access to decision-making forums. As women and men are affected by crises in different ways, they will have different views on what the needs are and how the response has been effective, or not.

- **Expectations of what information is required** from partners, and use of this information, need to be clear from the outset. If monitoring and supervision are sensitive, consider joint monitoring as a multiple agency effort.

b. What to monitor at the level of the Nutrition Cluster?
One potential tool for monitoring at the level of the Nutrition Cluster is **regular reporting of standard indicators by individual agencies**. A sub-set of indicators drawn from regular individual agency-level reporting, which are relevant to Nutrition

Box 9.2: Indicators for Nutrition Cluster monitoring

Nutrition Cluster indicators used in CAP documents generally focus on outputs, not on impacts, as these are often easier to report annually. The choice of indicators will depend on the specific objectives of the cluster and the feasibility of collecting quality data. Examples include:

- number of children aged 6–59 months treated for severe acute malnutrition (SAM);
- number of children aged 6–59 months treated for MAM;
- number (and percentage) of children aged 6–59 months receiving Vitamin A supplements every six months;
- number (and percentage) of children aged 6–59 months who have received deworming tablets;
- performance statistics for programmes to treat SAM and MAM;
- number of programmes to treat SAM and MAM established or functioning;
- number of staff trained in specific technical areas;
- percentage of programmes to treat SAM and MAM that send monthly reports;
- decrease or stability in GAM and SAM prevalence;
- prevalence of exclusive breastfeeding.

Cluster reporting in the CHAP/CAP, may be requested from partners on a regular basis and/or in a standard format. Defining the contents of this standard reporting can be challenging in that individual Nutrition Cluster partners have their own reporting needs. There are often common indicators that are collected in the same way, if individual agencies are also applying the agreed technical standards. In practice, regular reporting is used to determine the progress of collective action in the emergency, and often includes:

- monthly reporting on beneficiaries enrolled in specific nutrition interventions;[130]
- monthly reporting on performance information from specific nutrition interventions.

Standards and templates for regular reporting need to incorporate some level of contextual information and analysis at field level to explain what the numbers mean. This analysis can be captured in narrative summary form; however, a mechanism to retain the narrative component will need to be incorporated into the IM system so that this is not lost with increasing consolidation of data.

If there is hesitation on the part of Nutrition Cluster partners to use specific templates or formats, the NCC should focus on obtaining agreement on common objectives, indicators, and information and reporting requirements as a starting point. As trust builds within the cluster, further consensus on monitoring and reporting tools and formats may be achieved. The NCC should be flexible and consider the situation of partner agencies by exploring ways to build on what they are already required to do, while making the best use of standard tools already developed for the Nutrition Cluster.

Thematic and geographic monitoring is another source of information for monitoring at cluster level. Regularly updated Who, What, Where (When) 3W/4W information (section 3.5.3) can be used to identify gaps in planned interventions and geographic gaps in planned service provision. However, 3W/4W information needs to be considered in the context of other sources of information in order to identify and address any discrepancies. For example, an agency may say that it is working in one area according to the 3W/4W information, but information from other sources in the field may indicate that the programme is not in place or is suspended. In this case, the NCC may consider working with the partner agency

130 For example, the number of individuals who have received multiple micronutrient supplements, the number of mothers counselled on infant and young child feeding (IYCF), the number of children aged 6–59 months admitted for treatment of SAM.

and the information source from the field in order to verify information, either bilaterally or by visiting the location.

Situation monitoring tracks how the emergency situation is changing over time, so that the Nutrition Cluster can mobilise programmatic responses as needed. For example, if there is a deterioration in the nutrition situation, an expansion of existing programming may be required. If coverage of programmes is adequate and the situation is still deteriorating, the programming may not be meeting all of the existing needs or underlying causes. Reorientation, expansion or reduction of nutrition programming and/or advocacy for programming from other clusters may be required. Sources of information can include:[131]

- follow-up assessment that are conducted as needed in order to fill gaps in understanding of the situation and response needs, including rapid assessments or survey;
- situation reports from the field;
- nutrition surveillance and early warning systems.[132]

c. What to do with Nutrition Cluster-level monitoring information?

Trends in monitoring information and changes in the situation from these various sources are key points for regular discussion for immediate action and forward planning. They also form the basis for reviewing the relevance of the Nutrition Cluster response strategy and for updating in-crisis contingency planning. In addition, the **Mid-Year Review (MYR) and End-Year Review (EYR)**[133] of the CAP are predictable and formal activities for reviewing Nutrition Cluster projects included in the CAP. The MYR and EYR process for all clusters is led by the RC/HC, though generating cluster-level information is facilitated by the Cluster Coordinators. These two reviews provide an opportunity for the Nutrition Cluster to assess progress against targets established in the CAP and to modify the response strategy and/or revise the nutrition component of the CAP.

131 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 10: Nutrition information and surveillance systems. Version 2.*

132 It is recommended to make use of available systems and build upon these.

133 The MYR and EYR include reporting on outputs and impact. Outputs are much easier to measure. At the MYR, most organisations and clusters will not yet have been able to measure impact, so output reporting is sufficient. Realistically, progress can be slow for the MYR if there are delays in receiving funds.

There are a number of caveats relating to trend analysis of consolidated monitoring information. Aggregated admission rates may be influenced by different numbers of agencies reporting each month, suspensions in programming, expansions of programming or short-term changes in access. Comparing the average number of admissions per centre in addition to overall admissions is one way to try to take some of these contextual factors into account. In addition, aggregate reporting reflects an average, and needs to be complemented by lower-level analysis in order to identify programmes or areas that are well above or below the average, so that appropriate action can be taken. In terms of trend analysis with performance statistics, it is important to ensure that the denominators used to calculate these statistics, and the basis for calculating nutrition indices (e.g. the WHO Child Growth Standards), are standard across reporting agencies.

Where gaps in services (e.g. due to temporary suspension of programmes in insecure environments) or shortfalls in programme performance (e.g. performance statistics from selective feeding programmes falling below acceptable levels) are found, the Nutrition Cluster can identify what, if anything, it can do to address these gaps. For example, the cluster could define standards of remote management and capacity building for national staff to mitigate events that lead to interruptions in services due to the relocation of international staff, or conduct training around a specific technical area. Some of these actions may be significant enough to require adjustment of the Nutrition Cluster response strategy and in-crisis contingency planning documents.

9.1.5 Challenges

There are a number challenges common to monitoring systems (Table 9.2).

Table 9.2: Common challenges and points to consider in establishing monitoring systems

Challenge	Points to consider
• A tendency to focus on situation and progress monitoring, rather than outcomes and impact. • Poor linkages between situation monitoring and regular reporting of standard performance indicators, leading to a focus on the completion of planned activities without reference to the changing emergency context. • Inadequate participation of Nutrition Cluster stakeholders and affected communities in developing the monitoring system or using the information collected. • Collection of the wrong or inadequate baseline information, preventing effective assessment of progress. • Poorly defined, inadequate or too many indicators to guide monitoring of all aspects of the Nutrition Cluster response. • Lack, or unreliable collection, of sex- and age-disaggregated data (SADD), or poor gender analysis. • Failure to monitor targets/indicators as they are not linked to broader strategic/ funding targets.	• Ensure that **links** with the evaluation component of the M&E system are made, in terms of indicators and information collected through routine monitoring. • Generate agreement within the Nutrition Cluster to use **standardised information** needs, sources and indicators, which are clearly stated in the cluster's TOR/SOP. • Ensure that the **indicators reflect priority needs** and are relevant to national-level priorities to the best extent possible. • **Involve Nutrition Cluster partners** in the design of systems and tools (through a sub-group) and sensitise all actors to the benefits of participation. • Give adequate attention to nutrition information needs in **pre- and in-crisis data** at the preliminary and rapid assessment stages. • Incorporate national/local **monitoring teams** into the cluster-level monitoring system. • Ensure that **collection and analysis by sex and age** of all data concerning the humanitarian response, with differences analysed and used to develop a profile of at-risk populations and how their needs are being met, **becomes common practice**. This can be done by incorporating the need for SADD into cluster minimum standards and capacity building plans or by embedding it in monitoring frameworks. • Ensure a **structured response planning and review process** which clearly outlines the problems to be addressed and objectives and standards needed to address them, with key indicators to measure progress towards this.

9.2 EVALUATING AND LESSON LEARNING

9.2.1 What is the purpose of evaluation?

Evaluation is the process of determining as systematically and objectively as possible the relevance, effectiveness, efficiency and impact of activities in light of specified objectives. Evaluations are a learning and action-oriented management tool for improving current activities and future planning, programming and

decision-making. They are often divided into evaluations of performance[134] and evaluations of impact (the positive and negative, primary and secondary long-term effects produced by a humanitarian action, directly or indirectly, intended or unintended).[135]

Evaluations are essential tools to assess the overall impact of emergency programming. In the context of the Cluster Approach, they occur at two levels (covered in more detail in sections 9.2.3 and 9.2.4):

- at **the programme level of individual agency implementation**, where Nutrition Cluster partners may undertake evaluations of their own portfolios of programming (if they have programming in more than one cluster) or of their nutrition programmes specifically. Evaluations require additional resources, and are not often done during an emergency. They are more often conducted after the acute emergency period has ended in order to assess the impact of the specific programming and to determine if there is a need to continue with it. Whether or not an agency conducts an individual-level evaluation and shares its findings with the Nutrition Cluster is at its own discretion. While there are broad standards in terms of the indicators and areas for evaluation, there are very few standard methodologies for conducting an evaluation of specific technical programmes;
- at **the level of the Nutrition Cluster**, in terms of evaluating its performance in relation to the functional areas of the TOR for cluster/sector leads at country level.[136] Cluster-level evaluations are generally triggered by the Nutrition Cluster itself. There is a standard process for multi-sectoral evaluations during an emergency (i.e. real-time evaluations), though these are only conducted under specific conditions. While there are examples of evaluations of individual cluster performance, there are currently no global standards for performance benchmarks or methodology.

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134 Performance can be considered at the level of the intervention (e.g. whether the service is available, of adequate quality and is being used, and whether coverage is achieved) and at the level of the Cluster Approach in terms of improvements in specific characteristics of response (e.g. including but not limited to predictable leadership, partnership and cohesiveness, accountability, gaps filled and greater coverage, ownership and connectedness).

135 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 20: Monitoring and evaluation. Version 2.* Evaluations are also covered in the Sphere Minimum Standards under Core Standard 5: Performance, transparency and learning.

136 For the Cluster Lead TOR, see the GNC website at **http://www.unicef.org/nutritioncluster**.

At both programme and cluster levels, the evaluation process and tools should take gender dimensions into consideration. The following actions help to ensure that the needs and perspectives of women, girls, boys and men are reflected in the data and analysis generated during the monitoring process:

- **Ask the questions:** When conducting an assessment, always ask questions with a view to understanding the possible differences in experience for women, girls, boys and men.
- **Put women, girls, boys and men at the centre of the evaluation:** Gender analysis starts with the smallest units – households – in order to understand how each family member participates, what role they play and what they need to improve their well-being, security and dignity. For example, what factors affect access to services? Is there a difference between female/male consumption of food within families? Who obtains resources? Who decides on the use of resources? Insight into these dynamics can help to ensure that assistance is channelled through the most effective means.
- **Systematically consult** women, girls, boys and men – both separately and in mixed groups. In some cultures men will not speak about certain issues in front of women, and vice versa. Women may defer to men in defining priorities. Their distinct nutritional needs and their different roles in the nutrition of family members give them a different perspective on what the needs are and how best they can be responded to.
- **Disaggregate data by age and sex:** Collect and analyse all data concerning the humanitarian response by age and sex, with differences analysed and used to develop a profile of at-risk populations and how their needs are being met. Without this breakdown, it is impossible to ascertain who benefits or if assistance is reaching the population proportionately.

9.2.2 Who is involved in evaluations?

- The NCC is responsible for coordinating evaluations at the level of the Nutrition Cluster, including coordinating the timing of multi-sectoral evaluations and individual agency evaluations, and ensuring the dissemination and use of evaluation information. This includes:
    - ✔ ensuring that the Nutrition Cluster's **commitment to evaluation and lesson learning** is incorporated into the cluster's TOR/SOP;

  - ✔ providing a forum for individual agencies planning to evaluate their programmes to **coordinate around timing, request technical inputs and share findings** with the Nutrition Cluster;
  - ✔ liaising with other clusters and OCHA on the timing and methodology of **multi-sectoral evaluations**;
  - ✔ **coordinating** with the Nutrition Cluster, national authorities and other clusters around the **initiation of Nutrition Cluster evaluations**;
  - ✔ facilitating development of the **TOR** for Nutrition Cluster evaluations;
  - ✔ ensuring that a **realistic plan for implementation of a Nutrition Cluster evaluation** is developed, including the development of tools, training and data collection, data processing, analysis with stakeholders and dissemination;
  - ✔ ensuring that **consideration is given to cross-cutting issues**, in particular around SADD, in a methodologically sound manner;
  - ✔ ensuring that **adequate resources are mobilised** (technical, financial, logistical) so that the Nutrition Cluster evaluation does not undermine service provision by individual agencies;
  - ✔ ensuring that **all evaluation findings are shared widely**, and ensuring that lessons learned are available online and though other media;
  - ✔ facilitating the **incorporation of relevant recommendations** from all evaluations into the Nutrition Cluster **response strategy and advocacy and action plans**.

- **The IM manager** provides technical support for defining the methodology and conducting the analysis of evaluations. S/he also consolidates evaluation documentation and supports the dissemination of available evaluation information.
- **Nutrition Cluster partners** identify and prioritise evaluation needs for the Nutrition Cluster and their own agencies. They may participate in Nutrition Cluster evaluations on several levels, including information sharing, participation in fieldwork and analysis. Nutrition Cluster partners also ensure that relevant recommendations are incorporated into their own activity plans, as well as into the cluster's response strategy.
- **OCHA and other clusters** are engaged at the level of coordination between clusters for evaluations and assessments, whether these are single-cluster or

multi-sectoral activities. OCHA also provides a platform for sharing information and mobilising action based on relevant findings.

9.2.3 Evaluations at the level of individual programmes[137]

Individual agencies may conduct evaluations of their own nutrition programming. Evaluations are important learning tools to assess the positive and less positive aspects of interventions, to compare the costs of the interventions and their impact and to identify problem areas and solutions. Evaluations generally address:

- the **performance** of the intervention, referring to whether the service is available, is of adequate quality, is used equally by women, men, girls and boys, and whether the intended coverage is achieved;
- the **impact** of the intervention, referring to measurements of the level of progress against the outcomes defined for the project, e.g. reduced mortality due to effective programming.

Individual agency programme evaluations commonly draw on components of the seven criteria for the evaluation of complex emergencies set by the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD) (Table 9.3). The seven criteria are meant to be complementary and comprehensive. Because they were formulated for the evaluation of projects or programmes, some of the DAC criteria may be less relevant for policy-based or institutional evaluations.[138]

Methodological issues make it complicated to assign causality to the evaluation of impact. Just because the situation has improved, it does not necessarily mean that the improvement is related to activities undertaken through an individual nutrition programme. The challenges in assigning causality are due in part to ethical reasons (e.g. no case/control studies for nutrition interventions in emergencies), heterogeneity of the affected population (programmes may have different impacts depending on literacy levels, levels of urbanisation, primary livelihoods or cultural preferences and practices) and the need to capture changes in the wider context,

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137 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 20: Monitoring and evaluation. Version 2*.

138 There are also eight cross-cutting themes which should be considered when using the DAC criteria: local context; human resources; protection; participation of primary stakeholders; coping strategies and resilience; gender equality; HIV/AIDS; and the environment. For more information, see T. Beck (2008). *Evaluating Humanitarian Action using the OECD-DAC Criteria*.

including contributions from programming in other clusters that may have directly or indirectly contributed to the changes.

Table 9.3: OECD DAC criteria for evaluations in humanitarian emergencies[1]

Criterion	Definition
Effectiveness	Measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Timeliness is an implicit part of this criterion.
Efficiency	Measures the outputs (both qualitative and quantitative) achieved as a result of inputs. This generally requires comparing alternative approaches to achieving an output, to see whether the most efficient approach has been used.
Relevance/ appropriateness	Refers to whether the project is in line with local needs and priorities, and with donor policy. Appropriateness entails adapting humanitarian activities to local needs, with an associated increase in ownership, accountability and cost-effectiveness.
Impact	Looks at the wider effects of the project – social, economic, technical, environmental – on individuals, specific age groups or gender, communities and institutions. Impacts can be intended or unintended, positive or negative and at cluster, community or household levels.
Coverage	Refers to the need to reach major population groups facing life-threatening suffering, wherever they are.
Connectedness	Refers to the need to ensure that activities of a short-term emergency nature are carried out in a context that takes the longer-term view and takes interconnected problems into account.

1 T. Beck (2008). *Evaluating Humanitarian Action using the OECD-DAC Criteria.*

Further resources for evaluation questions related to nutrition programming, including sample questions contextualising the use of the OECD DAC criteria, can be found in HTP Module 20.

9.2.4 Evaluations at the level of the Nutrition Cluster

Nutrition Cluster evaluations aim to assess the way in which the Cluster Approach has been applied in the interest of lesson learning and the incorporation of lessons into standards, capacity and preparedness. These evaluations may also link the overall effectiveness of the Nutrition Cluster response strategy with cluster performance, including outputs (e.g. coverage of needs, quality of delivery) and coordination processes (e.g. structures, mechanisms of engagement between agencies). Nutrition Cluster evaluations help in:

- understanding the effect of utilising the Cluster Approach on the progress and outcomes of the Nutrition Cluster response strategy;

- giving different stakeholder groups an opportunity to reflect on how well they are working together and whether their participation in the Nutrition Cluster is working effectively for them;
- finding ways to improve the Nutrition Cluster's performance, and sharing ideas and learning around good and bad practice with others.

Evaluations of Nutrition Cluster function may be conducted both during and after the emergency, depending on needs, resources and context. In the case of protracted crises, annual evaluations may be useful to ensure that response activities and the cluster mechanism remain relevant and responsive. Provided that Nutrition Cluster actors and affected community representatives are actively involved, cluster-level evaluations can also serve to strengthen collaboration and contribute to increased mutual accountability among partners. The frequency of reviews and the progression of the steps in the evaluation process will depend on the context (Table 9.4).

Table 9.4: Overview of steps for conducting a Nutrition Cluster evaluation

Step	Points to consider
Defining the scope of the evaluation	✔ **Initiate a discussion** on whether and when an evaluation of the Nutrition Cluster is needed and feasible. ✔ Within the Nutrition Cluster, **define the specific objective** of the evaluation **and how the evaluation findings will be used**. ✔ Develop a TOR outlining the methodology, steps and roles and responsibilities of Nutrition Cluster partners and other stakeholders. The TOR may be developed by a group as a whole or by a smaller working group. Either way, there should be adequate time to ensure that partners' inputs are incorporated.
Coordination around the process	✔ Use the Nutrition Cluster coordination mechanism to help **identify and mobilise required evaluation resources** (e.g. technical, human, financial, logistical) and to **address shortfalls** when necessary during implementation. ✔ **Encourage** Nutrition Cluster partners to share information with the evaluation team (e.g. secondary data, individual agency monitoring information, key informant time). ✔ **Provide regular updates** to the Nutrition Cluster partners on the progress of the evaluation.
Developing recommendations	✔ Ensure that the **analysis/discussion process** includes Nutrition Cluster partners and relevant stakeholders. ✔ Ensure that the evaluation **recommendations are evidence-based and realistic**. ✔ Ensure an **action plan is developed** to follow up on recommendations. The plan should clearly specify responsibilities for follow-up actions, and its implementation should be monitored.

Table 9.4: Overview of steps for conducting a Nutrition Cluster evaluation

Step	Points to consider
Dissemination	✔ Reports, findings and recommendations should be **promptly shared** with all stakeholders in a timely manner. ✔ Different **versions** of these reports may need to be produced **for different audiences**, with varying levels of detail. Documentation should be available in the language of coordination and in the national language (at least with summary findings and recommendations).

a. What to evaluate?

There are no standard guidelines for a Nutrition Cluster evaluation. There are many aspects of the Nutrition Cluster that can be evaluated, and a specific methodology will need to be developed for each context, based on the primary objective of the evaluation. Some examples of evaluating the Nutrition Cluster function, which can be drawn upon in developing methodologies, are given in Box 9.3. Points to consider including in the evaluation include:

- ✔ To what degree has the Cluster Approach **achieved the intended outputs** (predictable leadership, partnership/cohesiveness, accountability)?
- ✔ To what degree has the Cluster Approach **modified and strengthened the humanitarian response** (in terms of gaps filled and greater geographic and thematic coverage, the quality of the response and ownership/connectedness)?
- ✔ Does the Cluster Approach **enable participating organisations to deliver a better response** through coordination and information sharing?
- ✔ What is/was the **overall progress of individual agency activities towards achieving the targets** set in the Nutrition Cluster response strategy?
- ✔ What **intentional or unintentional positive or negative effects** of the Cluster Approach can be demonstrated concerning affected populations, coordination and interactions among participating organisations and the humanitarian system as a whole?
- ✔ What measures can be **recommended to improve coordination** within the Nutrition Cluster in future?

b. How to evaluate?

The specific evaluation methodology will be determined by timing, the priorities in the emergency response, availability of resources and the availability of Nutrition Cluster partners to participate. Effort should be made to make the process as

Box 9.3: Evaluations of the Nutrition Cluster in pratice

- In the 2011 review of the **Nutrition Cluster in Pakistan**, the 13 functional areas of the TOR for cluster leads formed the basis for the evaluation's analytical framework. Each functional area was broken down into specific activities to be undertaken, performance standards against each activity and specific measurable indicators. A self-administered questionnaire was circulated to Nutrition Cluster partners, asking them to rate the achievement of the Nutrition Cluster against nine performance areas. The TOR for the evaluation, analytical framework, self-administered questionnaire and report can be found on the GNC website.
- Two large-scale evaluations of the Cluster Approach were commissioned by the IASC, one in 2007 and one in 2010. The 2010 evaluation built on questionnaires from the first evaluation. These questionnaires were used in **country-level case studies of the implementation of the Cluster Approach** from the 2010 IASC review. A total of 18 indicators were defined in relation to eight key questions around the application of the Cluster Approach, with an associated scoring scale. The evaluations included all active clusters. The questionnaires and indicators can be found in the annexes of the country-level and summary 2010 reports.[1]

[1] See **http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-products-common&tempid=99**.

"light" and as quick as possible while still fulfilling the purpose of the evaluation. Methods include:

- **desk reviews**, i.e. the collation and analysis of existing information, such as monitoring data, assessment information, evaluations of individual agency programming, guiding documents for the Nutrition Cluster, response plans/experiences/lessons learned relevant to the cluster;
- **interviews**, i.e. structured discussions (e.g. with a questionnaire) or semi-structured discussions (e.g. with a checklist of topics for discussion) with relevant actors in the nutrition response and with beneficiaries. Representation of views from the UN, international NGOs, local NGOs, donors, national authority officials and clusters closely collaborating with the Nutrition Cluster (WASH, Food Security and Health) should be considered. Staff turnover can introduce a challenge in evaluations if the relevant personnel are no longer in-country. This

can be addressed in part by instituting systematic handovers between staff within Nutrition Cluster agencies and between NCCs (Annex 6 and section 9.2.5), though this mechanism is not always used;

- **self-administered surveys**, e.g. of in-country Nutrition Cluster members and other key partners on perceptions of the cluster's performance.

c. What to do with the findings?

Evaluation information is useful only if it is used and shared. The Nutrition Cluster should ensure that evaluation recommendations are evidence-based and realistic. An action plan should be developed to follow up on recommendations, clearly specifying responsibilities for follow-up actions, which should be discussed and monitored through the Nutrition Cluster mechanism. In addition, reports, findings and recommendations should be shared with all concerned in a timely manner. This includes stakeholders in-country (Nutrition Cluster partners, national authorities, cross-cutting issue focal points, other cluster leads, OCHA and the RC/HC, and donors) and out-of-country (the Global Nutrition Cluster Coordination Team (GNC-CT), headquarters and regional offices of the Cluster Lead Agency (CLA) and the wider nutrition community through initiatives to document and disseminate lessons from the field, such as Field Exchange[139]). Sharing of evaluation findings may be done bilaterally or though the Nutrition Cluster platform. For more on sharing information, see section 3.5.6.

There are several issues to keep in mind in Nutrition Cluster evaluations:

- The **level of detail that can be captured through evaluations at the Nutrition Cluster level** is related to the strength of the IM system, the monitoring system and the engagement of Nutrition Cluster partners. If relevant data is not collected, either as a pre-crisis baseline or even as an in-crisis baseline, it is very difficult to draw conclusions from evaluations. Individual agency evaluation information can provide critical information for cluster-level evaluations. M&E activities at the level of individual agencies and at the Nutrition Cluster level should be seen as part of the same spectrum and considered together at the design stage.

- The link **between evaluations and changes in practice** is often weak, even with good quality evaluation data and evidence-based recommendations. There is no specific mechanism for ensuring that recommendations are implemented, other than advocacy and negotiation within the Nutrition Cluster and with other clusters. The Nutrition Cluster can ensure that its recommendations are

139 See http://www.ennonline.net.

translated into specific action plans at the country level, in addition to highlighting key areas for further advocacy, development or modification at the global level.

9.2.5 Complementary initiatives

a. Nutrition Cluster lesson learning and knowledge management

While the IM system ensures that the right information is available for the right people at the right time in order to inform decision-making, and M&E systems track progress and impact, it is important also to draw on the collective interpretations, ideas and experiences of those involved in the humanitarian response. Knowledge of this nature is used to refine tools, processes and ways of responding to the emergency. Knowledge may be captured either from individuals or from organisational processes and practices. The process of capturing, organising and sharing available insights and experience is referred to as knowledge management (KM).

Lesson learning is a mechanism that generates knowledge to guide the Nutrition Cluster's activities and response. The cluster can capture lessons learned through a number of mechanisms, including:

- building institutional memory through systematic handover and documentation between NCCs;
- periodic feedback surveys with Nutrition Cluster partners (such as the self-administered survey in Pakistan in 2011);
- workshops focused on formal and informal lessons learned.

Information, documents and the experience gained by individuals working in emergencies are often lost when staff change jobs or leave the country. As a result, there is a missed opportunity to build on that learning, in addition to the opportunity costs of replacement staff having to consolidate background information over again. Establishment of a structure to store and back up documents at country level is one useful step towards developing institutional memory in emergencies. In addition, establishing a mechanism of **handover notes** (Annex 6) can help to capture relevant insights and lessons learned from individuals, as well as to lay a foundation for further cluster-level lesson learning based on available documents.

Lesson learning can also be undertaken through more formal processes, e.g. through **questionnaires** or **workshops**. The nature of the lesson learning exercise will be determined by the context and the available capacity. This may be done **within the Nutrition Cluster or across clusters** (Box 9.4). Whichever mechanism

Box 9.4: Inter-cluster lesson learning around the Cluster Approach

In 2008, a lesson learning workshop was conducted in Nairobi, Kenya with support from OCHA.[1] The workshop brought together more than 70 participants representing clusters throughout Central and East Africa as well as regional partners, global clusters and governments. Experiences were shared over two days to bring out common challenges across clusters and countries and to identify solutions that had been developed to overcome these challenges in:

- partnerships, including working with national authorities;
- assessment, planning and prioritisation;
- monitoring, reporting and evaluation;
- cross-cutting issues, inter-cluster linkages and transition.

Many of the issues raised were longstanding and related more generally to coordination and response, not just to clusters. What made a difference were the solutions provided by the Cluster Approach and the accountability, predictability, leadership and partnership on which the Cluster Approach was built.

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1 For more information, see **http://oneresponse.info/Coordination/ClusterApproach/Pages/Training.aspx**.

is chosen, the purpose should be to respond collectively to the following key questions: What worked? What didn't work as planned? What should we do differently next time?

Some points to consider include:

✔ **what specific aspects** (e.g. technical areas, coordination) are critical for lesson learning;

✔ **who should participate** in the lesson learning exercise? Try to be as inclusive as possible, bearing in mind that a larger group may affect the willingness of participants to be open and candid with their feedback. Generating lessons learned is more productively done with a smaller, more focused group. Those who have been directly engaged in the work of the Nutrition Cluster may have more inputs based on direct experience, but the perceptions and insights of other individuals who may have been less directly engaged can still be valuable;

- ✔ **the timing** of the lesson learning exercise, in relation to planned or ongoing assessments and evaluations;
- ✔ how to **incorporate lessons learned into the Nutrition Cluster's action plan**.

KM activities also include the process of transferring available information and guidance to individuals and agencies. KM should be mainstreamed into specific routine activities of the Nutrition Cluster, including but not limited to:

- orientations of new agencies/staff upon arrival or appointment;
- sharing documentation around lesson learning on the Nutrition Cluster website and other dissemination mechanisms;
- sharing relevant technical updates through the Nutrition Cluster.

b. Real-time evaluations[140]

Real-time evaluations (RTEs) are inter-cluster/inter-agency activities coordinated by OCHA that help to ensure the best possible outcomes for the affected population by identifying – and suggesting solutions to – any problems in the coordination, planning and management of the response, and by ensuring accountability. RTEs consolidate the experience of cluster stakeholders in managing and participating in the cluster. This knowledge is fed back to review participants during the course of the evaluation fieldwork. RTEs are meant to provide quick and practical feedback in "real time" in the early stages of an emergency in order to strengthen the response. They are conducted in sudden-onset disasters, in protracted crises undergoing a phase of rapid deterioration or in major epidemics involving many actors. They are automatically triggered under specific circumstances.[141] RTEs can also be requested if the rationale and implementation capacity are clear. RTEs are carried out 8–12 weeks after the onset of an emergency and the results are usually processed within one month of data collection.

9.2.6 Challenges

Evaluation is an important component of the Nutrition Cluster's activities. Some common challenges and points to consider in addressing them are outlined in Table 9.5.

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140 The IASC has produced a Real Time Evaluation Procedures Guide. An overview, procedures and methodologies, a toolkit with roles and responsibilities, TORs, explanatory summaries and examples can be found at **http://oneresponse.info/Coordination/IARTE/Pages/IARTE.aspx**.

141 E.g. when more than 1 million people are affected **and** a Flash Appeal is launched for more than USD 50 million **or** a CAP is launched for more than USD 350 million.

Table 9.5: Challenges and points to consider in evaluation of the Nutrition Cluster

Issue	Points to consider
• Lack of pre-crisis baseline data and limited reliable monitoring information. • Prioritisation of delivery of services and activities as opposed to evaluation by donors. • No standard evaluation methodology for reviewing Nutrition Cluster performance.	• Develop the preliminary scenario, and establish an in-crisis baseline. Ensure that the **generation of baseline data as part of emergency preparedness** is incorporated into future planning. • Design the **M&E system** to take into account overall information needs. • Ensure that appropriate support for **capacity** in M&E is incorporated into Nutrition Cluster activity plans. • **Advocate** with partners and donors around the importance of evaluation, and ensure that lesson learning and KM are part of the Nutrition Cluster activities to show added value. • **Build on existing examples of evaluations** in terms of methodology and seek additional technical input when needed.

Resources

- T. Beck (2008). *Evaluating Humanitarian Action using the OECD-DAC Criteria*
- J. Cosgrave, B. Ramalingam and T. Beck (2009). *Real-Time Evaluations of Humanitarian Action – An ALNAP Guide*
- Human Development Network and World Bank (1999). *Toolkit #8: Monitoring and Evaluation: A Guidebook for Nutrition Project Managers in Developing Countries*
- IASC (2010). *Inter-Agency Real Time Evaluation Procedures and Methodologies Guide*
- D. King (2005). *Humanitarian Knowledge Management*
- NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 10: Nutrition information and surveillance systems; Module 20: Monitoring and evaluation, Version 2*

➜ **Active Learning Network for Accountability (ALNAP)** has a number of resources, including guides, papers on lessons learned, studies and an evaluation reports database: **http://www.alnap.org**

➜ **Emergency Nutrition Network** has a webpage in its Resource Library under “Technical Resources” that contains assessment tools and short articles from the field dealing with M&E of emergency nutrition programming: **http://www.ennonline.net**

- The **Food and Nutrition Technical Assistance Project (FANTA)** has a webpage with M&E tools and assessments: **http://www.fantaproject.org**
- The **ODI/Humanitarian Practice Network** has reports and evaluations from selected humanitarian emergencies: **http://www.odihpn.org**
- Groupe URD has tools (Quality COMPAS) and reports from evaluations conducted in humanitarian emergencies: **http://www.urd.org**
- The **Inter-Agency Real Time Evaluation Procedures Guide**, consisting of an overview, procedures and methodologies, a toolkit with roles and responsibilities, TORs, explanatory summaries and examples, can be found at: **http://www.humanitarianresponse.info/coordination/**

Additional resources: Examples of self-administered questionnaires, performance benchmarks and multi-sectoral country cluster evaluations can be found on the GNC website at **http://www.unicef.org/nutritioncluster**.

Chapter 10

HUMANITARIAN ACTION AND THE NUTRITION CLUSTER

Chapter 10:

HUMANITARIAN ACTION AND THE NUTRITION CLUSTER

This chapter provides background information to support the Nutrition Cluster Coordinator (NCC) in understanding the coordination role in the broader context of humanitarian action and reform. While the response to nutrition emergencies is implemented at country level, it takes place within a larger global context of standards, actors and frameworks. This chapter also provides an overview of the Global Nutrition Cluster (GNC) and its relation to country-level Nutrition Clusters.

10.1	**Humanitarian Reform process**	● What are humanitarian emergencies? ● What is humanitarian coordination? ● The role of the Humanitarian Coordinator ● Humanitarian financing ● Humanitarian coordination ● Humanitarian partnerships ● The IASC Transformative Agenda
10.2	**Understanding the Cluster Approach at global level**	● Where should the Cluster Approach be applied? ● Cluster leadership and accountability at the global level
10.3	**Key components of the Cluster Approach in practice**	● Engagement with the national authority ● Formal guidance for activation of the cluster ● What is the relationship between sector and cluster coordination? ● What is meant by accountability? ● What is meant by partnerships? ● What is meant by provider of last resort? ● Issues to consider in determining the structure of the cluster response ● What to consider in transitioning out of the Cluster Approach?
10.4	**The Global Nutrition Cluster (GNC)**	● What is the GNC? ● What does the GNC do? ● What is the structure of the GNC? ● The relationship with UNICEF as CLA for Nutrition at global, regional and country levels

KEY POINTS

- The Humanitarian Reform agenda, including the Cluster Approach component, was developed to address shortfalls in humanitarian response.
- The Cluster Approach aims to strengthen predictability, response capacity, coordination and accountability in emergency response. It does this through designating responsibilities for technical sectors to specific agencies at global level, strengthening partnerships and specifying which agency has the responsibility to prevent and address gaps as “provider of last resort” (POLR).
- UNICEF is the Cluster Lead Agency (CLA) for the IASC Global Nutrition Cluster (GNC). The GNC is comprised of a GNC Coordination Team (GNC-CT), Core Partners, resource persons/special invitees, observers and interested parties.
- The GNC-CT facilitates collaboration among Core Partners around the annual work plan, in addition to facilitating collaboration with various technical bodies and initiatives in nutrition in emergencies and nutrition coordination.
- The GNC-CT, in addition to continued global-level work with Core Partners in standard setting, surge capacity and capacity building, and operational support, is increasing its focus on country support.

10.1 HUMANITARIAN REFORM PROCESS

10.1.1 What are humanitarian emergencies?

Humanitarian emergencies take many forms. They can result from natural disasters, such as flooding or earthquakes, or from conflict. The onset of an emergency can be very quick (acute-onset) or an emergency can evolve slowly over time (slow-onset). Emergencies differ in duration: they can be limited to a finite period of time or they can continue over many years (an ongoing emergency or protracted crisis). It is not uncommon for countries to experience repeated emergencies, or to face combinations of different types of emergency, e.g. an acute-onset emergency in one part of a country that is undergoing a protracted crisis. A humanitarian emergency is defined as any situation where humanitarian needs are of a large enough scale and complexity that significant external assistance and resources are required, and where a multi-sectoral

response is needed, with the engagement of a wide range of international humanitarian actors.[142]

While emergency response is often categorised into pre-emergency, emergency and post-emergency phases, it is recognised that, in practice, these are not necessarily linear, progressive phases. Coordination for emergencies is an ongoing process, though the specific focus of activities may differ depending on needs, capacities and risks, as these evolve over time. There are critical actions to be taken prior to the onset of an emergency to ensure that there is capacity on the ground, including emergency preparedness, disaster risk reduction (DRR), capacity building and information management (IM). There are also critical activities that need to be taken during the emergency response to ensure that structures, standards and capacity are in place to enable a transition to a post-emergency phase, if and when appropriate.

10.1.2 What is humanitarian coordination?

Humanitarian coordination is about delivering assistance in a cohesive and effective manner in order to save lives and reduce suffering among those affected.[143] The ultimate responsibility for the coordination of humanitarian relief addressing the needs of affected communities lies with the national authority or government. When external support is required, the international humanitarian system (UN agencies, non-governmental agencies (NGOs), the Red Cross Movement and donors) can be mobilised.

Coordination is required to make the most efficient use of resources to meet evidence-based needs, in a timely manner, through actions that meet standards of care by this wide range of actors. Coordination is therefore a means of creating an enabling environment where independent organisations can collaborate as necessary, according to the specific context.[144] In emergencies, decisions are made in a rapidly changing environment where staff turnover is often high and the handover of responsibilities is common. In this rapidly changing environment, coordination ensures that decisions are commonly agreed and recorded. More importantly, working together ensures that these decisions are used to keep the strategy and response up to date and relevant.

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142 IASC (2007). *Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies*.

143 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 2: The humanitarian system: roles, responsibilities and coordination. Version 2.*

144 Ibid.

Humanitarian response is an evolving and dynamic area guided by fundamental humanitarian principles.[145] These include:

- **humanity:** human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and to ensure respect for human beings;
- **impartiality:** humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinction on the basis of nationality, race, gender, religious belief, class or political opinion;
- **neutrality:** humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature;
- **(operational) independence:** humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may have with regard to areas where humanitarian action is being implemented.

In response to the increasing complexity of humanitarian response, a Humanitarian Response Review was completed in 2005 by the Inter-Agency Standing Committee (IASC),[146] the inter-agency forum for coordination, policy development and decision-making involving key UN and non-UN humanitarian partners. The review identified significant gaps in humanitarian response, including fragmented responses, duplication of efforts and insufficient engagement with government and national actors. In response, an agenda for humanitarian reform was proposed with the aim of establishing greater **predictability** in financing and leadership of responses, **accountability** to affected populations **and partnership** between UN and non UN-humanitarian actors (Figure 10.1).[147] The four pillars of the Humanitarian Reform agenda are discussed in more detail in sections 10.1.3 to 10.1.6.

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145 These principles were formally incorporated into the work of the United Nations through two resolutions of the General Assembly. The first three were endorsed in General Assembly Resolution 46/182 in 1991, and the fourth was added in 2004 under General Assembly Resolution 58/114. Agencies of the UN are mandated to embrace all four principles, though not all agencies involved in humanitarian response embrace all of them.

146 The IASC includes OCHA, UNICEF, UNHCR, UN-HABITAT, WFP, UNDP, UNFPA, FAO and WHO as full members. Standing invitees are ICRC, IFRC, IOM, OHCHR and three umbrella organisations representing the interests of national and international NGOs – the International Council of Voluntary Agencies (ICVA), InterAction and the Steering Committee for Humanitarian Response (SCHR) – together with the Representative of the Secretary-General on Internally Displaced Persons (RSGIDP) and the World Bank.

147 For information about Humanitarian Reform, see **http://www.unicef.org/emerg/index_33197.html**.

Figure 10.1: The four pillars of the Humanitarian Reform agenda

Strengthening the **Humanitarian Coordinator** function in order to ensure effective leadership	Improving **Humanitarian Financing** to ensure that it is adequate, timely and flexible	Developing and introducing the **Cluster Approach** to ensure capacity and predictable leadership in all sectors

Developing strong **Humanitarian Partnerships** between NGOs, the International Red Cross and Red Crescent Movement and the UN and related international organisations through the Global Humanitarian Platform

10.1.3 The role of the Humanitarian Coordinator

The Humanitarian Coordinator (HC) role is designated in countries where there is a humanitarian crisis or there are emerging humanitarian needs, and is undertaken by a senior UN official. HCs are deployed under specific circumstances.[148] The HC is responsible for the overall coordination and effectiveness of the international humanitarian response, and reports to the UN Emergency Relief Coordinator (ERC). The 2005 IASC review identified that strengthening of the HC function was crucial in order to ensure effective leadership of the humanitarian response.[149] The HC is responsible for:[150]

- establishing and leading a Humanitarian Country Team (HCT);
- facilitating agreement among humanitarian actors on the establishment of clusters and designation of Cluster Lead Agencies (CLAs);
- establishing appropriate mechanisms, including for IM and inter-cluster coordination;
- overseeing the development of needs assessments, strategic planning, response planning, monitoring and evaluation (M&E) and integration of cross-cutting issues;

148 In a given country, when a complex emergency occurs or when an already existing humanitarian situation worsens in degree and/or complexity, the UN Emergency Relief Coordinator, on behalf of the Secretary-General and after consultation with the IASC, will designate a Humanitarian Coordinator for that country. IASC (2003). *Terms of Reference for the Humanitarian Coordinator*.

149 For more information on strengthening humanitarian leadership, see **http://www.humanitarianresponse.info/coordination/humanitarian-leadership**.

150 IASC (2009) *Terms of Reference for the Humanitarian Coordinator*.

Box 10.1: The roles of RC and HC

While the HC is the senior **humanitarian** official of the UN, the Resident Coordinator (RC) is the highest UN official **overall** and the chief of the UN diplomatic mission in a country (except when there is a mission of the Department of Peacekeeping Operations (DPKO) or similar, in which case the Special Representative of the Secretary-General (SRSG) is the highest official). The RC is the designated representative of the UN Secretary-General and leader of the UN Country Team (which includes the heads of all UN agencies in a country).

The RC function is usually performed by the Resident Representative of the United Nations Development Programme (UNDP). However, in situations of crisis, the RC is often also asked to lead the humanitarian effort and thus becomes the designated HC as well as the RC (RC/HC). In practice, the RC often acts as HC, in particular in an acute-onset crisis, though this dual responsibility is not necessarily ideal.

- advocating and liaising with government, the military, peacekeepers and other relevant parties for respect for human rights, humanitarian law, humanitarian principles and access;
- developing inter-agency contingency plans;
- promoting and monitoring relevant policies and guidelines of the IASC.

10.1.4 Humanitarian financing

The predictability, effectiveness and success of humanitarian interventions are dependent on straightforward and timely access to adequate, flexible emergency funding. IASC initiatives to strengthen humanitarian financing include the Central Emergency Response Fund (CERF), which is a standby fund to complement existing humanitarian funding mechanisms, such as the Flash Appeal and the Consolidated Appeals Process (CAP) (section 8.2). The CERF provides funds to jump-start critical operations and fund life-saving programmes that are not covered by other donors. Other initiatives include pooled funding mechanisms such as Emergency Response Funds (ERFs) and Common Humanitarian Funds

(CHFs), the Good Humanitarian Donorship initiative (GHD) and ongoing reform of the CAP.[151]

10.1.5 Humanitarian coordination

As the third component of the Humanitarian Reform agenda, the development of the Cluster Approach was intended to strengthen humanitarian response by defining and strengthening partnerships and accountability in key sectors. The Cluster Approach, outlined in 2005, was to be used in all new major emergencies and phased into existing protracted emergency responses.[152]

The role, operation and structure of the Cluster Approach are currently well defined at two levels.[153] At the global level, the Cluster Approach aims to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by designating global CLAs to ensure predictable leadership and accountability in all the main technical sectors of activity. At the country level, it aims to ensure a more coherent and effective response by mobilising agencies to respond in a strategic manner, with a clearly designated CLA.[154] At the country level, the aim is to strengthen humanitarian response by demanding high standards of predictability, accountability and partnership in all sectors or areas of activity. The Cluster Approach enables strategic responses and better prioritisation of available resources by clarifying the division of labour among organisations, better defining the roles and responsibilities of humanitarian organisations within sectors, and providing the HC with both a first point of call and a provider of last resort (POLR) in all key sectors or areas of activity (section 10.3.6).

10.1.6 Humanitarian partnerships

The Global Humanitarian Platform (GHP) was established in 2006 as a complementary initiative and offers a forum for humanitarian actors (NGOs, the International Red Cross and Red Crescent Movement, UN agencies and related international agencies) to come together and share responsibility for enhancing the effectiveness of humanitarian action. The GHP seeks to complement and enhance

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151 For more information on humanitarian financing, see **http://www.unocha.org/what-we-do/humanitarian-financing/overview**.

152 IASC (2005). *Rome Statement on Cluster Roll-Out*.

153 The role of the regional offices of CLAs in specific technical areas has not been formally defined, though in practice the regional offices engage to some degree in collaboration and coordination around the Cluster Approach.

154 NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 2: The humanitarian system: roles, responsibilities and coordination. Version 2.*

the work of existing coordination structures, and to ensure that non-governmental humanitarian agencies are broadly and adequately represented.

The GHP sets out a common understanding of, and approach to, partnership, known as the Principles of Partnership (POP).[155] The POP include:

- **equality:** meaning respect between members, without bias in relation to size or power;
- **transparency:** meaning open communication on an equal basis between members, with an aim of building trust;
- **a results-oriented approach:** to coordination and to humanitarian action based on capability and capacity;
- **responsibility:** meaning the ethical obligation of partners to one another to fulfil their tasks with integrity and in a relevant and appropriate way;
- **complementarity:** meaning building on comparative advantages between all partners, with explicit efforts to engage with and build on local capacity.

For more on partnership in relation to the cluster response, see section 10.3.5.

10.1.7 The IASC Transformative Agenda[156]

In December 2011 the IASC adopted the Transformative Agenda, building on the 2005 Humanitarian Reform agenda and lessons learned in the 2010 responses to the Haiti earthquake and Pakistan floods, which exposed a number of weaknesses and inefficiencies in the international humanitarian response. The Transformative Agenda is a set of concrete actions aimed at transforming the way in which the humanitarian community responds to large-scale (Level 3) emergencies. It focuses on improving timeliness and effectiveness through **stronger leadership, more effective coordination structures and improved accountability** for performance and to affected people.

The HC, the HCT, the country cluster partners and CLAs remain the prime actors supporting national response efforts, but the Transformative Agenda seeks to further strengthen these actors. Priority actions include strengthened leadership capacities at all levels of the response; improved strategic planning, needs assessments, IM and M&E; improved cluster coordination, performance and

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155 For further information, see **http://www.icva.ch/ghp.html**.

156 For more information on the IASC Transformative Agenda, see **http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-template-default&bd=87**.

participation; enhanced accountability for the achievement of collective results; and strengthened accountability to affected communities.

A key element is Humanitarian System-Wide Emergency Activation, which occurs in Level 3 emergencies for an initial period of three months when the gravity of the crisis requires a rapid mobilisation of the entire humanitarian system. A newly established Inter-Agency Rapid Response Mechanism (IARRM) deploys pre-identified humanitarian leaders at various levels to ensure that coordination mechanisms function well and improve delivery to affected people.

10.2 UNDERSTANDING THE CLUSTER APPROACH AT GLOBAL LEVEL

10.2.1 Where should the Cluster Approach be applied?

The primary role of the Cluster Approach is to ensure that humanitarian assistance programmes in any one geographic or thematic area of work do not conflict, overlap or result in major gaps in service delivery. The ability of the Cluster Approach to foster a holistic approach within technical sectors, in which participants jointly determine where gaps exist and how to fill them, is a critical component of its overall effectiveness.[157] Secondary aims are to ensure complementarity between international organisations, national authorities, national civil society and other stakeholders in the sector; to identify outstanding needs; to advocate for human and financial resources; to ensure capacity; and to bring about policy change.

The aim of the Cluster Approach is not to strengthen coordination for its own sake, but to contribute to improved outcomes for individuals and communities affected by emergencies. The Cluster Approach can be seen as a way of strengthening coordination within technical sectors by designating a predictable lead agency that is accountable to the RC/HC. Activities to prevent and fill gaps include joint inter-agency assessments, mapping key actors and activities, M&E activities and periodic reviews of inter-agency strategic plans, in addition to the CLA's responsibility to support direct programming on behalf of the cluster as the POLR under specific conditions. Evaluations of the Cluster Approach show that it has an added value in emergencies, contributing broadly to improved efforts to identify and address gaps in programming, in particular in chronic emergencies; to

[157] IASC (2007). *Cluster Approach Evaluation*.

improved preparedness and surge capacity at the field level; and to stronger and more predictable leadership in technical sectors.[158]

The Cluster Approach should be applied in all countries with HCs. By definition, these are countries facing humanitarian crises that are beyond the scope of any one agency's mandate and where needs are of a sufficient scale and complexity to justify a multi-sectoral response with the engagement of a wide range of humanitarian actors. The Cluster Approach can be used in both conflict-related humanitarian emergencies and in disaster situations. In general, the Cluster Approach should be used:

- in all countries facing a major new emergency;
- in all countries with ongoing humanitarian crises, whether related to conflict or to natural disasters;
- where humanitarian needs are large and complex and require external assistance;
- where a multi-sector response is needed;
- in all countries where there is an HC, or an RC who is responsible for humanitarian coordination in the absence of an HC.

The Cluster Approach is adopted in relation to internally displaced populations and to local populations affected by rapid-onset or chronic crises, in agreement with national government. Responsibility for the coordination of humanitarian response in relation to refugees (both in and out of camps) remains within the mandate of the UN High Commissioner for Refugees (UNHCR) and is not part of the Cluster Approach (section 10.2.2).

The Cluster Approach is not meant to be biased towards UN agencies or to be "UN-centric". Humanitarian reform efforts aim to improve partnership and working relationships between all actors in a response. Recommendations to strengthen partnerships further were highlighted in the 2007 and 2010 evaluations of the Cluster Approach (Box 9.3), in recognition of the proportion of humanitarian response delivered through NGOs.

158 Ibid.

10.2.2 Cluster leadership and accountability at the global level

Within each of the technical sectors, one agency (or sometimes more) is designated to take responsibility as the CLA (Table 10.1). CLAs are responsible for establishing broad partnership bases in activities relating to **standards and policy setting, building response capacity** and **operational support**.

At the global level, the commitment of these agencies to act as CLAs was reaffirmed in a joint letter to Directors and Representatives at country level in 2009.[159] In practice, integration of this role into the governance and operation of individual agencies has been achieved to varying degrees.

Within the global clusters, there is a need to differentiate between the:[160]

- **Global Cluster Lead Agency:** This is the organisation at the global level that has been designated by the IASC as CLA in order to increase accountability and leadership within that particular technical sector;
- **Global Cluster Coordinator:** This is the person who has been given the job of coordinating the global cluster by the CLA. S/he is responsible for maintaining the partnership base within the cluster and for facilitating implementation of the global cluster work plan.

There are two areas of note in relation to global CLAs and nutrition. **UNHCR** is mandated to lead and coordinate international action to protect refugees and to resolve refugee problems worldwide in both emergency and non-emergency situations. Its primary aim is to safeguard the rights and well-being of refugees. UNHCR's original mandate does not specifically cover IDPs, but its expertise on displacement means that it has assisted millions of IDPs over many years. In 2005, UNHCR took on a specific role under the Cluster Approach as CLA for the protection and shelter needs of IDPs and for the coordination and management of IDP camps.[161] There is currently no summarised practical guidance on how UNHCR and the Nutrition Cluster should coordinate roles and responsibilities in emergency response for refugees and IDPs at the country level. Strong working relationships, in particular around information exchange, between the NCC and UNHCR focal persons are encouraged (section 1.1.3.a).

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159 IASC (2009). *Joint Letter from Cluster Lead Agencies to their Directors/Representatives at Country Level*.

160 For further details, see **http://james.shepherd-barron.com/clusterwise-2/15-functional-responsibilities-of-the-cluster-lead-agency**.

161 For more information, see **http://www.unhcr.org**.

Table 10.1: Global clusters and CLAs designated at global level

Sector/area of activity	Global Cluster Lead Agencies
Camp Coordination/Camp Management (CCCM)	
IDPs in conflict situations	UNHCR
Natural disasters	IOM
Early Recovery	UNDP
Education	UNICEF, Save the Children UK
Emergency Shelter	
IDPs in conflict situations	UNHCR
Natural disasters	IFRC as convener[1]
Food Security	FAO, WFP
Health	WHO
Nutrition	UNICEF
Protection	
IDPs in conflict situations	UNHCR
Natural disasters, civilans in conflict situations other than IDPs	UNHCR, OHCHR, UNICEF
Focal Point Agencies for specific Areas of Responsibility (AOR):	
Child Protection	UNICEF
Gender-Based Violence	UNFPA, UNICEF
Land, Housing and Property	UN-HABITAT
Mine Action	UNMAS
Rule of Law and Justice	UNDP/OHCHR
Water, Sanitation and Hygiene (WASH)	UNICEF
Emergency Telecommunications	OCHA, WFP
Logistics	WFP
Cross-cutting issues	
Age	HelpAge International
Environment	UNEP
Gender	UNFPA
HIV/AIDS	UNAIDS

1 The International Federation of Red Cross and Red Crescent Societies (IFRC) has committed to provide leadership to the broader humanitarian community in Emergency Shelter in disaster situations, to consolidate best practice, map capacity and gaps, and lead coordinated response. IFRC has committed to being a “convener” rather than a “cluster lead”. In an MOU between IFRC and OCHA, it was agreed that IFRC would not accept accountability obligations beyond those defined in its Constitutions and its own policies, and that its responsibilities would not extend to open-ended or unlimited obligations. It has therefore not committed to being “provider of last resort”, nor is it accountable to any part of the UN system.

The **Food Security Cluster** (FSC), co-chaired by the UN Food and Agriculture Organization (FAO) and the World Food Programme (WFP), was established in 2011 to provide a more predictable forum for coordination of response to food security issues.[162] It replaced the Agriculture Cluster, which was previously active. The specific roles and responsibilities of the FSC with regards to nutrition, agriculture and livelihoods are being developed through agreed working principles in order to maximise complementarity between clusters. Additional information on the **linkages between the Nutrition Cluster and other clusters** and resources on inter-cluster coordination and programming can be found in section 5.4.

Evaluations at global and national levels have shown some of the benefits of the Cluster Approach. However, gaps remain; for example:

- practical operational guidance based on lessons learned is limited in some areas, e.g. transitioning out of the cluster to ongoing coordination mechanisms;
- there has been limited progress in developing standards for evaluating cluster performance;
- there has been no observable increase in ultimate accountability, and serious questions persist about how the POLR should work in practice;
- capacity gaps remain despite various global capacity building efforts, and there are concerns that available capacity may not be sufficient to deal with concurrent, large-scale emergencies;
- partnerships with international NGOs have marginally improved (mainly through greater openness and facilitation by lead agencies towards NGOs), though no significant gains have been seen for local NGO participants.

These issues are being addressed through the work of the Global Cluster Coordinators, as part of their role of facilitating lesson learning and advocacy at the global level with other clusters and the IASC, as well as within their own agencies, to ensure that agency structures are supportive of CLA commitments.

162 The FSC was officially enacted on 30 May 2011 in Rome.

10.3 KEY COMPONENTS OF THE CLUSTER APPROACH IN PRACTICE

10.3.1 Engagement with the national authority

The Cluster Approach is not an effort to undermine or take over the role of the national authority. The role of the national authority is clearly outlined in UN General Assembly Resolution 46/182:

> "Each State has the responsibility first and foremost to take care of the victims of natural disasters and other emergencies occurring on its territory. Hence, the affected State has the primary role in the initiation, organization, coordination, and implementation of humanitarian assistance within its territory."

Humanitarian assistance is provided only in the event that the national authority is unwilling or unable to provide this itself. In all emergencies, RCs/HCs and CLAs are responsible for consulting national authorities in order to determine how best to support and/or complement national efforts and to identify and address any gaps in response (Table 10.2). It is critical that national authorities are involved in discussions around cluster activation, structure and function in order to avoid tensions during the emergency response.

Many national authorities already have contingency plans and a national emergency management authority in place for responding to disasters. Where this is not the case, and depending on the scale of the disaster, the national authority may establish a dedicated task force(s) for response, or may formally opt to activate the Cluster Approach.

In some cases, the national authority may be in a strong position to lead the overall humanitarian response. In that case, the role of the RC/HC is to organise an international humanitarian response in support of the national authority's efforts. This is often the case in small-scale natural disasters. In other cases, particularly those involving large-scale natural disasters (e.g. the Pakistan floods in 2010) or ongoing conflict (e.g. South Sudan in 2011), the willingness or capacity of a national authority to lead or contribute to humanitarian activities may be compromised, and this will clearly influence the nature of the relationships that it establishes with international humanitarian actors.[163]

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[163] IASC (2010). *Cluster Approach Evaluation 2. Synthesis Report*.

Table 10.2: Engagement scenarios between national authorities and the RC/HC and CLAs

Where the national authority is:	Then the RC/HC and CLAs:
Willing and able to lead and/or contribute to the response...	...should identify which national authority ministries/departments/ entities, if any, are responsible at national and sub-national levels for key sectors of response and recovery. **CLAs can meet their national authority counterparts**, discuss current needs and capacities, and then **agree on appropriate coordination mechanisms** that cover all the humanitarian needs of the affected population for their sectors (including cross-cutting issues), building on existing arrangements.
Willing, but its ability to lead and/ or contribute to humanitarian activities is compromised by factors such as **lack of capacity and/or resources or an inability to access parts of its territory**...	...**may have to take the lead role** in terms of coordinating the response, but still in support of the national authority.
Unable or unwilling to lead or contribute to the humanitarian response...	...should **continue to advocate** for humanitarian space and a humanitarian response that covers the needs of the entire affected population. **CLAs should continue to lead the response for their sectors**, to the degree that security and the political situation allow.

With less cooperative, more controlling national authorities, coordination in some sectors (including participation by NGOs) may need to be more informal and may require more patience and "quiet diplomacy". This can include additional, less formally named coordination mechanisms. Local arrangements may be needed where the central government is uncooperative or does not control parts of the country, and these require sensitivity to avoid tension between local actors and government.[164]

In general, the more that cluster response structures can strengthen and mirror the coordination structures of the national authority, the less likely it is that efforts will be duplicated. Complementarity also facilitates the transition of coordination functions to the national authority after the emergency phase has ended. However, there may be challenges or disconnects within national authority structures between administrative units or sectoral

164 L. Gostalow (2007). *Nutrition Cluster: A lesson learning review.*

departments. National authority sectoral "pillars" do not always align easily with components of the Cluster Approach.[165] Even so, cluster coordination structures need to be tailored to each context, taking into account national coordination structures.

10.3.2 Formal guidance for activation of the cluster

Formal guidance notes on activating clusters in both new and ongoing emergencies have been developed by the IASC (Table 10.3).[166] The primary difference between the guidance for new and ongoing emergencies is the timelines for activities, including time for briefings, consultation and assessment of needs and capacities. In practice, however, the Cluster Approach is becoming the norm for structuring humanitarian responses.

The RC/HC and HCT, together with the national authority, will determine which clusters are required for each particular emergency. Negotiation will be needed to decide which clusters are to be activated and which agencies will act as CLAs. This decision is then formalised by the RC who, in rapid-onset situations, will also act as the HC, in a letter to the ERC. Ideally, the national authority will be fully involved and will endorse the Cluster Approach as the way that the humanitarian community organises itself.

Based on the willingness of the national authority to participate in the cluster response, there are three possible relationships between it and the cluster coordination structure:

- **full co-chair arrangement:** a national authority counterpart is willing to lead or co-chair cluster meetings and actively direct the work of humanitarian partners in any one cluster;
- **remote co-chair:** a national authority counterpart is willing to coordinate, but delegates the authority to do so to the CLA. The national authority co-chair is then presented with decision-making opportunities at regular intervals throughout the response (this is the most common arrangement in practice);
- the national authority is **unwilling or unable to co-chair** for a variety of reasons and is instead informed of progress by the cluster to the greatest extent possible.

165 IASC (2007). *Cluster Approach Evaluation*.

166 IASC (2007). *Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies;* IASC (2007). *Operational Guidance on Designating Sector/Cluster Leads in Ongoing Emergencies*.

Table 10.3: Formal steps in activating the cluster response in major new and ongoing emergencies

Major new emergencies	Ongoing emergencies
• The **RC/HC consults national authorities and IASC partners** at country level to determine priority sectors, CLAs, thematic groups, support needed from the UN Office for the Coordination of Humanitarian Affairs (OCHA) and common service providers. • The **RC/HC proposes this structure to the ERC for endorsement within 24 hours** by the IASC at global level. • The ERC shares the proposal, requesting endorsement or alternative proposals. The decision is communicated to the RC/HC. • The **RC/HC informs the national authority and country-level partners**.	• The RC/HC ensures that the HCT, **the national authority and stakeholders are briefed** on the Cluster Approach. • The **RC/HC consults national authorities and IASC partners** at country level to determine priority sectors, CLAs, thematic groups, OCHA support and common service providers, based on transparent consultation and assessment of needs and capacities. CLAs are encouraged to consult with their respective headquarters in order to ensure organisational support. • The **RC/HC proposes this structure to the ERC for endorsement within one week** by the IASC at global level. • The ERC shares the proposal, requesting endorsement or alternative proposals. The decision is communicated to the RC/HC. • The **RC/HC informs the national authority and country-level partners**.

10.3.3 What is the relationship between sector and cluster coordination?

The introduction of the Cluster Approach is based on a simple idea: strengthened sectoral coordination under an accountable lead agency around an emergency response.[167] At country level, the Cluster Approach has specific provisions, including accountability, partnerships and the role of Provider of Last Resort POLR. Although the introduction of the Cluster Approach may not dramatically change the day-to-day work of sector coordination, the clear definition of responsibilities and accountabilities does change the underpinning structure of humanitarian response.

Ideally, the cluster coordination mechanism builds upon existing sectoral coordination mechanisms rather than operating as a parallel system. There may be different actors who focus on development, while others focus on emergency response. They may also have separate coordination structures, e.g. under sector and cluster coordination. In that case, the relationship between the two coordination mechanisms needs to be made clear, so that these two areas of work can interact and complement each other. If clusters exist without engagement with sector coordination/development coordination structures, the split between

167 IASC (2007). *Cluster Approach Evaluation*.

humanitarian and development activities may be exacerbated, and emergency preparedness and early recovery may be harder to address.[168]

In terms of terminology, some HCTs prefer to speak of "clusters" and "cluster leads", while others prefer to stick to the more traditional terminology of "sectors", "sectoral groups" and "sector leads" (or in some cases, "working groups", "thematic groups" or "task forces"). It should be left to the HCT to decide on a case-by-case basis on appropriate terminology for the country in question, depending on the working language and agency preferences. To ensure coherence, standard terminology should be used within each country and similar standards should be applied to all the key sectors or areas of humanitarian activity.

There are also instances where the national authority may have a preference or sensitivity around specific terminology, which should be taken into account. The important point is that the underlying principles of partnership and accountability are addressed.

10.3.4 What is meant by accountability?

It is important to ensure that the accountability structure around cluster coordination is clear to the national authority and to stakeholders in the emergency response. Confusion around accountability can be a disincentive for agencies to participate in the cluster structure.

- The **cluster lead** for any given technical sector is an agency, not a person. For that reason, at the country level it is the Country Director/Representative of the agency designated as CLA who is ultimately responsible to the RC/HC for carrying out cluster leadership activities.[169]
- **Cluster partners** are not accountable to either the Cluster Coordinator or the CLA within the cluster setting (however, an individual partner may be accountable to the CLA for delivering programmes if there is a formal contractual obligation as an implementing partner).

168 IASC (2007). *Cluster Approach Evaluation*.

169 IASC (2007). *Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies*.

Discussions around accountability are often focused on agencies upwards, but there is also a need to ensure accountability on the part of agencies to the affected population. There is, however, very limited guidance on effective engagement with communities through participatory approaches, and even less guidance in terms of how to facilitate accountability to the affected population.[170]

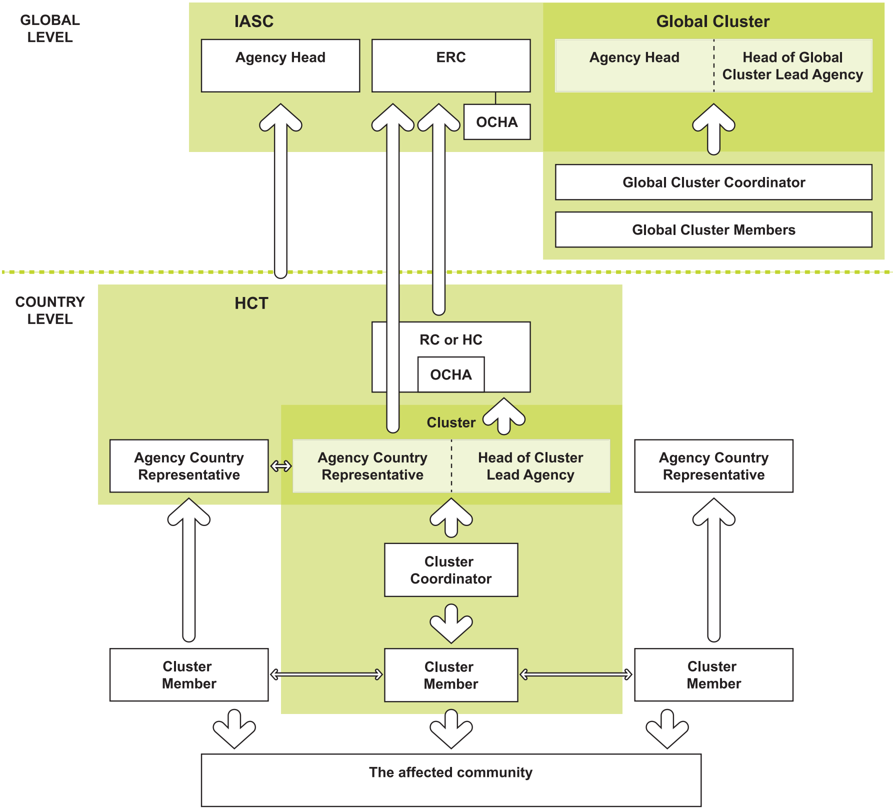
Even so, accountability to the affected population is necessary to ensure that humanitarian actors can respond adequately to real needs and to protect the dignity of affected people. This responsibility is included in the TOR for cluster leads, namely to “ensure utilization of participatory and community based approaches in sectoral needs assessment, analysis, planning, monitoring and response”. The cross-cutting theme of human rights can bolster the accountability of the Nutrition Cluster, as with all clusters, by bringing attention to aid recipients as humans with rights, with dignity and with skills, knowledge and understanding that should be used in any humanitarian effort, though guidance in this area is also limited.[171] Some practical points to consider include:

- ✔ sharing **information on the Nutrition Cluster response**, in particular around purpose, plans, target groups, rationale, programme entitlements and timing. This information needs to be provided in a way that is both timely and accessible (e.g. in a locally understood language) to the affected community;
- ✔ promotion of opportunities for **two-way consultation** during the humanitarian response, in particular in relation to the needs, aspirations and concerns of the affected community;
- ✔ **community involvement** in nutrition programming where relevant, e.g. community mobilisation and community screening and referral, or behaviour change communication;
- ✔ establishment of a **systematic feedback mechanism** and complaints handling mechanism.

170 For more information, see Annex 3 of NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 21: Standards and accountability. Version 2*.

171 L. Gostalow (2007). *Nutrition Cluster: A lesson learning review*.

Figure 10.2: Accountability framework



10.3.5 What is meant by partnerships?

Humanitarian partnerships may take different forms, from close coordination and joint programming to looser associations based on the need to avoid duplication and enhance complementarity.[172] Clusters are open to all those involved in the humanitarian response and those who have expertise, resources or information relevant to that particular technical area. This should include the national authority at all levels, as well as national and local NGOs, the private sector, community-based organisations (CBOs) and civil society. While the Cluster Approach encourages strong partnerships and joint planning amongst humanitarian actors, it is up to individual agencies to determine their level of participation in clusters.

172 IASC (2010). *Cluster Approach Evaluation 2 Synthesis Report*.

Some humanitarian actors may not be prepared or able to formally commit themselves to cluster coordination structures.[173]

Cluster leads are responsible for ensuring, to the extent possible, appropriate complementarity amongst different humanitarian actors operating in their sectors or areas of activity.[174] They should ensure that all humanitarian actors are given the opportunity to fully and equally participate in setting the direction, strategies and activities of the cluster, whether or not they are formally part of it.

10.3.6 What is meant by provider of last resort?

The CLA at the country level has the responsibility to act as the provider of last resort (POLR), meaning that under specific conditions it is obliged to provide services to meet critical gaps[175] in the emergency response (Box 10.2). The Cluster Coordinator has the responsibility for coordinating within the cluster to prevent such gaps, as well as for advocating with the CLA to fulfil its responsibilities as POLR to meet critical gaps when needed and when access, security and funding allow. This POLR responsibility is outlined in the TOR for cluster leads and is applicable only when the Cluster Approach has been formally declared.

At the same time, the responsibility for acting as POLR needs to be seen in light of the wide range of responsibilities also outlined in the TOR for the CLA. These other responsibilities aim to ensure that all appropriate steps are taken to avoid critical gaps in the response. It important to note the following:

- An agency's ability to act as POLR is **dependent on it having unimpeded access, security and availability of funding**. Because an agency has been designated as the CLA, this does not necessarily mean that it has the resources required to perform this role. Designated agencies are, however, responsible for resource mobilisation to fulfil their role as POLR if needed.
- The role of POLR is applicable after the **CLA has attempted to mobilise resources for response from relevant humanitarian actors and from within**

173 For example, the International Committee of the Red Cross (ICRC) has stated its position on the Cluster Approach as follows: "Among the components of the Movement, the ICRC is not taking part in the cluster approach. Nevertheless, coordination between the ICRC and the UN will continue to the extent necessary to achieve efficient operational complementarity and a strengthened response for people affected by armed conflict and other situations of violence." From IASC (2006). Guidance *Note on the Use of the Cluster Approach to Strengthen Humanitarian Response*.

174 IASC (2010). *Cluster Approach Evaluation 2. Synthesis Report*.

175 In practice, there is some ambiguity about whether this refers to all gaps within the cluster, or to selected critical needs.

Box 10.2: What are the specifications around acting as POLR?[1]

The CLA is responsible for acting as the POLR (subject to access, security and availability of funding) to meet agreed priority needs. It should be supported by the HC and the ERC in its resource mobilisation efforts in this regard. This includes:

- Where necessary, and depending on access, security and availability of funding, the CLA, as POLR, must be ready to ensure the provision of services required to fill critical gaps identified by the cluster.
- The responsibility for acting as POLR falls to the CLA for the particular sector concerned. In the case of clusters that have a multi-sectoral focus (e.g. Protection, Early Recovery and Camp Coordination/Camp Management), cluster leads for each of the relevant sectors (e.g. Health, WASH, etc.) remain responsible for acting as POLR within their own sectors.
- In the case of the Protection Cluster, Focal Point Agencies are responsible for acting as POLR within their particular areas of responsibility, under the overall leadership of the designated CLA for protection and as agreed by the Protection Cluster at the country level.
- Where an Early Recovery Cluster is established (in addition to an Early Recovery Network), it is the responsibility of the designated CLA either to act as POLR for the cluster as a whole, or to specify which agency is responsible for acting as POLR within particular areas of responsibility.
- In the case of clusters where co-leads are designated at the country level, their respective responsibilities for acting as POLR should be clearly defined.
- Where critical gaps persist in spite of concerted efforts to address them, CLAs are responsible for working with the national authority, the HC and donors to advocate for appropriate action to be taken by relevant parties and to mobilise the necessary resources for an adequate and appropriate response.

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1 IASC (2006). *Guidance Note on the Use of the Cluster Approach to Strengthen Humanitarian Response; IASC (2008). Operational Guidance on the Concept of Provider of Last Resort.*

its own agency. Once those options have been exhausted, the CLA is expected to step in to meet the gap.

- **If funding is not available** to support the CLA in acting as POLR, then the CLA should work with the RC/HC and donors to meet the funding gap.
- **If security constraints limit the activities** of humanitarian actors, the CLA as POLR is expected to continue to advocate for access.
- **It is critical for the CLA to manage expectations** around the POLR role. Where the CLA clearly does not have the means to address the gap, the cluster should declare that it is able to meet certain needs but that other specific needs will not be met. This should be clearly communicated to donors and to all stakeholders, so that the cluster as well as the CLA is accountable for what it can deliver.

There is currently no defined guidance on the process for activating responsibility as POLR, nor have any indicators or benchmarks been set for activation, or evaluation, of this responsibility. It is left up to agencies to move ahead in this regard.

10.3.7 Issues to consider in determining the structure of the cluster response

The cluster coordination structure will vary according to the type of emergency (acute-onset, protracted), scale (national, specific administrative areas), coverage of thematic areas (e.g. the number of clusters activated), integration with existing mechanisms (e.g. pre-existing sector coordination structures) and country-specific issues, such as interaction with peacekeeping missions and security-related access issues. A number of issues need to be discussed by the RC/HC, the national authority and partners in activating clusters, namely:[176]

- Who will act as the CLA?
- How does the cluster relate to the national authority?
- How will the cluster relate to existing coordination structures?
- Should the cluster be a stand-alone or a combined cluster?
- What is the functional and geographical structure of the cluster coordination team?

176 See section 1.1 for further discussion of these areas in relation to Nutrition.

- How should the cluster engage with partners and other clusters?
- When should the cluster be phased over into longer-term coordination structures?

Available cluster evaluations highlight some practical issues to be kept in mind in setting up the coordination structure.

✔ The introduction of cluster coordination carries the **risk of undermining national and local ownership and capacities**. Clusters are in a better position to link with, build on and/or support existing coordination and response mechanisms when discussions on coordination structure are based on a thorough analysis of local structures and capacity.[177]

✔ Clear **transition strategies** need to be developed through the response, in order not to undermine national and local ownership and capacities.[178]

✔ Promotion of **participatory approaches** has sometimes been a weakness, and is an area that needs particular attention.[179]

✔ No matter what the coordination structure looks like, it is essential to define **clear roles and responsibilities** and communication lines from the outset.

10.3.8 What to consider in transitioning out of the Cluster Approach?

Currently, there is limited practical guidance on when and how clusters should evolve into longer-term coordination. In practice this is left up to clusters themselves to determine, and the timing of transition may not be the same for all clusters. Ultimately, the evolution of the cluster coordination structure will be related to the long-term vision for coordination around emergency issues in that particular country. Ideally, the transition strategy will be developed and integrated into the cluster response strategy, including specific activities and benchmarks to indicate what needs to be done, and when, in order to prepare for and deliver the transition. In practice, the ability to do this may be limited, due to a lack of practical guidance and the challenge of establishing benchmarks in a dynamic and constantly changing context.

177 IASC (2010). *Cluster Approach Evaluation 2. Synthesis Report*.

178 Ibid.

179 Ibid.

If the transition is carried out too early, perhaps as a result of political or funding pressures, there is a risk that the emergency may flare up again. If adequate preparations are not made for the transition, the national authority may be left without adequate capacity to address the next emergency. On the other hand, a delayed transition carries the risk of creating dependence among the affected population or by the national authority on external support. There is no standard timeline for the transitioning of the cluster: it depends on the nature and scale of the emergency and on the capacities of national and international actors to take over the coordination of activities.

The decision to transition out of emergency activities is a formal process that has to be led by the RC/HC in consultation with national authorities and the HCT.[180] At the broadest level, some criteria signalling that it may be appropriate to transition are:

- ✔ **a significant reduction in the number of civilians affected** by the emergency;
- ✔ a successfully negotiated peace settlement bringing about the **cessation of hostilities**;
- ✔ the **resumption of normal social, political and economic activities**;
- ✔ the **capacity of the national authority** to resume its obligations towards the population, in particular the victims of conflict;
- ✔ the putting in place of a **resource mobilisation strategy** that covers the strategic framework for post-conflict activities.

Ideally, clusters are established during the preparedness phase as part of contingency planning, and they transition with time. Sometimes this will involve clusters merging or "reversing" into others to become sub-clusters or working groups within their related sectors. Sometimes the cluster will change into a different but related entity to ensure that preparedness is consistently addressed. Clusters might change their names to align with developmental structures but the "approach" is maintained. In countries facing small-scale, sudden-onset disasters on a cyclical basis, the cluster may become dormant as a longer-term and more "developmental" sectoral approach reasserts itself. Particular attention should be paid to avoiding sudden gaps in coordination mechanisms and in sectors' operational responses that may undermine recovery strategies.

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180 IASC (1997). *Exit Strategy for Humanitarian Actors in the Context of Complex Emergencies*.

Regardless of structure, coordination mechanisms outside of the emergency phase are always justified. Technical standards are constantly evolving; capacity development in relation to technical standards is an ongoing process in light of staff turnover and technical innovations; coordination can lead to best use of resources; and preparedness and DRR activities, including ongoing IM and risk analysis, can guide activities to mitigate risk and/or respond better once an emergency has been declared, among other reasons. Just because there is no longer a declared emergency, it does not mean that coordination should end.

In addition, other issues need to be considered, such as:

- ✔ **Leadership and inter-agency commitment are essential**. Transition requires leadership, preparation and inter-agency investment to sustain the coordination function beyond the emergency.
- ✔ **Transition should be seen as a process and not as an end**. Transition is a consultative process requiring time, planning and resources. Identification of the appropriate mechanism for coordination after the cluster, and appropriate preparation activities and benchmarks, should be included in the cluster's work plan. Relevant experience, knowledge, skills and capacities, as well as tools and materials resulting from the work of the cluster, should be transferred to the national authority and the new coordination mechanism.
- ✔ **Resource mobilisation in the transition period can be challenging**. Currently, there is an artificial divide in donor funding in relation to early recovery versus development. This needs to be taken into account by the CLA in mobilising resources to support transition (section 8.1).
- ✔ **Changes in coping mechanisms developed by the population in response to the emergency need to be considered**. Inter-agency needs assessments undertaken in the later stages of an emergency, e.g. concerning living conditions in communities where IDPs are relocated or war-affected populations are resuming normal life, may provide valuable information for longer-term rehabilitation, reconstruction and development processes. These issues will influence coordination needs.[181]
- ✔ **The needs of the population in "unaffected" areas should also be considered**. While one geographic area of a country may have been directly affected by the emergency, it is entirely likely that other areas of the country will have been indirectly affected. The concentration of relief efforts within a specific area can contribute to political instability, due to perceptions of one group or

[181] IASC (2007). *Cluster Approach Evaluation*.

area being favoured over another. The emergency response effort provides a chance to open dialogue around longer-term coordination structures in relation to balanced development and overall DRR, although the responsibility of the cluster in this regard is unclear.

✔ **Consideration should be given to making the best use of available capacity in emergency response**. To whatever degree is feasible and appropriate, the capacity of emergency staff should be retained where their knowledge and experience may be able to contribute to rehabilitation and reconstruction processes and to preparedness for the next emergency.

10.4 THE GLOBAL NUTRITION CLUSTER (GNC)

10.4.1 What is the GNC?

In late 2005, UNICEF was designated as the CLA for Nutrition and tasked with setting up a Global Nutrition Cluster Coordination Team (GNC-CT) to support this role as part of of the Cluster Approach. The GNC is comprised of a wide range of participants with different roles and responsibilities, including the:

- **GNC Coordinator:** This person is based within the CLA and is responsible for providing strategic stewardship to the GNC as a whole. The GNC Coordinator is supported by specific staff on a temporary or permanent basis, and they are referred to collectively as the GNC-CT;[182]
- **GNC Core Partners:**[183] As of 2012, the GNC had a total of 36 Core Partners at global level, drawn from NGOs, research and development groups, academic institutions, UN agencies, donor organisations and public-private alliances (Box 10.3). Core Partners are formal members of the GNC and contribute to achieving its goals through technical inputs in specific areas, specifically through GNC meetings and GNC Working Groups. At country level, in addition to these partners, local authorities, national NGOs and CBOs are an integral part of each Nutrition Cluster;
- **GNC resource persons/special invitees:** A wider network of Nutrition Cluster Coordinators (NCCs), regional-level staff of the CLA and special invitees at

182 Roles and responsibilities of the CLA, the GNC-CT and GNC Core Partners are further detailed in the revised GNC Standard Operating Procedure (January 2012). This document is available on the GNC website.

183 GNC Core Auster or a programmatic project, then the usual contractual obligations are applicable.

Box 10.3: GNC Core Partners

As of 2012, GNC Core Partner agencies were Action Against Hunger, CARE, Centers for Disease Control and Prevention (CDC), Concern Worldwide, Columbia University Earth Institute, the UK Department for International Development (DFID), ECHO, the Emergency Nutrition Network (ENN), FAO, the Food and Nutrition Technical Assistance Project (FANTA), the Global Alliance for Improved Nutrition (GAIN), Helen Keller International, HelpAge International, InterAction, International Federation of Red Cross and Red Crescent Societies (IFRC), International Medical Corps (IMC), International Relief and Development (IRD), International Rescue Committee (IRC), Merlin, Micronutrient Initiative, NutritionWorks, Office of Foreign Disaster Assistance (OFDA)/USAID, Oxfam GB, Save the Children UK, Save the Children USA, Standing Committee on Nutrition (SCN), Terre des Hommes (TdH), Tufts University Feinstein International Center, UCL Institute for Global Health, UNHCR, University of Westminster, UNICEF, Valid International, WFP, WHO and World Vision International.

Médecins Sans Frontières (MSF) and ICRC are observers.

country level who are called upon for specific inputs and consultation to ensure that global-level activities support country cluster implementation;

- **GNC observers:** Individuals and agencies who participate in the GNC mechanism to promote information sharing (e.g. Médecins Sans Frontières (MSF) and ICRC);
- **wider GNC network**, including students, professional nutritionists, academics and others with an interest in the work of the GNC. They are part of the wider information sharing system, but are not directly engaged in the work of the GNC.

For the purpose of this handbook, the term “GNC” refers primarily to the GNC-CT and the Core Partners, as they are directly involved in facilitating the specific activities and initiatives of the GNC work plan.

10.4.2 What does the GNC do?

The vision of the GNC is “to safeguard and improve the nutritional status of emergency-affected populations by ensuring an appropriate response that

is predictable, timely and effective and at scale".[184] In order to fulfil its vision, the GNC has organised its work around four strategic areas. These are summarised in Figure 10.3, which outlines key outputs/activities at global, regional and country levels. The GNC Core Partners develop annual work plans for each component related to key issues and capacity within the GNC.

Since its creation, the GNC has contributed to global standards, guidance and capacity. This has included, among other activities:

- **contributing to the development and roll out of international standards**;
- **surge capacity and capacity building:** training NCCs and establishing an NCC roster for deployment; exploring standby partner arrangements for surge support; developing the first version of the Harmonised Training Package to consolidate available technical information, in addition to developing age and gender modules; and piloting capacity mapping tools in eight countries;
- **operational support:** provision of remote technical support; country-level visits; resource mobilisation for global-level GNC activities; advocacy for global-, regional- and country-level Nutrition Cluster coordination issues; and representation of GNC priorities in other initiatives.

In 2009 and 2010, the GNC focused its attention on supporting country-level clusters in at least 12 countries responding to emergency operations, including Ethiopia, Haiti, Kenya, Madagascar, Occupied Palestinian Territories, Pakistan, the Philippines, Somalia, Sudan, Uganda, Yemen and Zimbabwe (Box 10.4). This support included efforts to improve coordination among agencies, identification of gaps in interventions, and lobbying with partners to fill gaps and for capacity building of governments and partners. In 2011, the GNC-CT emphasised its operational support to country-level Nutrition Cluster implementation, in addition to its ongoing commitment to global-level guidance and capacity development.

In terms of the **relationship between the GNC-CT and NCCs**, there is no formal reporting line. NCCs should have an orientation with the GNC-CT prior to or soon after their arrival in-country. During this orientation, expectations of frequency and type of communication can be made clear. In practice, the GNC-CT has shared resources and examples of Nutrition Cluster documentation and has given technical input into country-level Nutrition Cluster documents, at the

184 Additional information can be found in the GNC SOP (January 2012).

Box 10.4: GNC operational support to country-level Nutrition Clusters

- In Haiti in 2010, the GNC sourced a competent individual to be the national NCC and identified other technical support at the country level for IM and specialists in the management of severe acute malnutrition (SAM) and infant and young child feeding (IYCF). Together with partners, it supported cluster function, such as the development of a national cluster strategy and associated work plan, and coordinated needs assessments and the identification of gaps.
- In Pakistan in 2011, the GNC-CT provided remote and in-country support to the evaluation of the 2010 Nutrition Cluster response.
- In 2011, the GNC-CT hosted teleconferences between the NCCs of Kenya, Somalia and Ethiopia, and identified a number of regional-level issues in relation to country cluster implementation for further work in order to harmonise the overall response.

request of individual NCCs. Some of these resources are available on the GNC website. The GNC-CT also maintains a contact list of all active NCCs, which is used for information sharing, capacity building and consultation.

10.4.3 What is the structure of the GNC?

In order to fulfil its function, the GNC is organised internally with specific structures, and it facilitates concrete links with other relevant technical bodies.

Working Groups are comprised of a sub-set of GNC Core Partners who collaborate in the definition of specific standards for the GNC that are relevant at global and country levels. Time-bound **Task Forces** are also established to address emerging technical issues as needed. The GNC currently has two Working Groups supporting a wide range of strategic discussions around assessment tools and initiatives, roll-out of tools and capacity building, and other related initiatives. The specific objectives of these two Working Groups are:

- **Assessment Working Group:** to ensure coordinated efforts for improved information management and collection during emergencies;
- **Capacity Building Working Group:** to ensure coordinated efforts for building local and international capacity to respond to nutrition needs in emergencies.

In addition, the GNC-CT provides a **link between the GNC and a range of other initiatives** that focus on specific technical areas in nutrition. These inter-agency initiatives operate independently, but are linked to the work of the GNC. They include the work of the Infant Feeding in Emergencies (IFE) Core Group, the Standing Committee on Nutrition (SCN), the Scaling Up Nutrition (SUN) movement, the Nutrition Guideline Expert Advisory Group (NUGAG) and Ending Child Hunger and Undernutrition (REACH).

10.4.4 The relationship with UNICEF as CLA for Nutrition at global, regional and country levels

At the **global level**, UNICEF hosts the GNC-CT to support the implementation of the Cluster Approach in nutrition. In addition, global MOUs exist between UNICEF, UNHCR and WFP outlining specific commitments, roles and responsibilities in relation to emergency nutrition programming. However, the MOUs do not fully reflect UNICEF's CLA responsibilities, and under specific conditions these roles and responsibilities may differ at country level. It is important that the NCC discusses specific agency roles and responsibilities in relation to nutrition programming and clarifies the CLA's responsibility at country level in order to promote clear partnership.

It is important that the NCC has contact with the GNC-CT at the onset of his/her work in order to determine the most feasible and appropriate level and type of communication around Nutrition Cluster issues.

At the **regional level**, UNICEF as the CLA provides support for country-level Nutrition Cluster implementation through Regional Nutrition Advisors, who:

- ensure greater coordination around nutrition issues within and between Nutrition Clusters at country level and with regional institutions, initiatives and networks (e.g. the Food Security and Nutrition Working Group in East Africa);
- provide technical and operational support in emergency response;
- promote adherence to standards through dissemination of international guidelines, standards and tools, in addition to capacity building activities;
- develop regional strategies and action plans to support Nutrition Clusters at country level;
- give support to orientation and advocacy activities at regional and country levels for safeguarding and improving nutrition;

Figure 10.3: GNC Strategic Framework (2012)

GLOBAL NUTRITION CLUSTER VISION: 2011-2013
The Nutritional status of emergency-affected populations is safeguarded and improved by ensuring an appropriate response that is predictable, timely effective and at scale.

Nutrition Strategic Area 1

Coordination, advocacy, policy and resource mobilisation

Proposed activities

Increase awareness of the GNC role:

- Develop both a training and communications strategy based on the SOP.
- Develop a process to reach out and lobby for new active members.

Mainstream and clarify the role of the CLA at regional office level in support of the cluster functions at country level.

Develop fundraising and advocacy strategies.

Sevelop advocacy policy for inter-cluster needs during large-scale emergencies.

Develop and implement advocacy strategy to address needs at CO, RO and global levels.

Consultation process for capacity of the CLA at regional level to provide country-level support.

Clarify roles and responsibilities of Food Security and Health clusters within the SOP.

Develop proposals for donor funding and advocate for donors to support financing of clusters activities through GNC partners.

Nutrition Strategic Area 2

Standards, guidelines and technical development

Proposed activities

Maintain matrix of available resources and status of progress (align with list of resources in Nutrition Cluster Handbook).

Formalise the process of tools revision and needs identification (field consultations as a first step and yearly screening by the GNC core group).

Develop tool dissemination, update and monitoring plan.

Review and generate system for documentation.

Develop a dissemination plan (including training, translation) and formalise processes of tool revision and needs identification (perhaps field consultations as a first step and annual screening by the GNC core group).

Finalise, translate and print Nutrition Cluster Handbook.

Finalise the development of the HTP modules on gender and nutrition for older people.
GNC induction package.

Complementary strategies which support achievement of strategic pillars:
Develop 3-5-year strategic plan document.
Develop fundraising strategy to meet the above pillars.
Develop monitoring tool to measure and report on cluster performance.

Continued...

GLOBAL NUTRITION CLUSTER VISION: 2011-2013
The Nutritional status of emergency-affected populations is safeguarded and improved by ensuring an appropriate response that is predictable, timely effective and at scale.

Nutrition Strategic Area 3

Capacity development, HR and operational support (includes preparedness)

Proposed activities

Cluster Response Roster:
- Engage with donors for funding for secondment of Cluster Coordinators.
- Undertake TNA of training and development interventions needed to reach required capacity in three recent emergency contexts.
- Train GNC members in cluster coordination.
- Continue to develop partnerships with NGOs for Cluster Coordinator standby roster.
- Dissaminate agreement with UNICEF.
- Update emergency roster for IM, Cluster Co-ordinators and Nutrition in Emergencies (NIE).

Tool management and monitoring:
- Develop database consolidating information on training and capacity building.
- GNC Handbook is finalised, translated and disseminated.
- Finalise, disseminate and monitor use of NIE competencies framework.
- Develop tailored NIE training needs for respective competencies.
- Prepare NIE preparedness checklist for the CLA and partners.
- Finalise, roll out and monitor 'Training and Resources' repository.
- Meta-evaluation to promote use of tools.

Develop at least two partnership/standby arrangements with GNC partners at global level.

Consultation process for capacity of CLA at regional level.

Nutrition Strategic Area 4

Information/knowledge management (includes monitoring and assessment)

Proposed activities

Identify gaps in assessment and monitoring work and advocate for operational research in these areas of need.

Provide cluster members with relevant information/updates an relevant tools, and help promote their utilisation.

Develop/standardise 3W/4W nutrition country-level situation monitoring of cluster performance.

Conduct meta-evaluation of Nutrition Clusters in-country.

Develop formats for clustor updates and situation monitoring.

Delelop and pilot cluster performance M&E framework.

Review and generate systems for documentation.

Identify appropriate Internet-based information sharing platforms.

Review user needs in relation to complementary GNC partners' initiatives.

Maintain and manage a training database/repository and GNC website.

Complementary strategies which support achievement of strategic pillars:
Develop 3-5-year strategic plan document.
Develop fundraising strategy to meet the above pillars.
Develop monitoring tool to measure and report on cluster performance.

- enhance UNICEF support to country-level cluster implementation through advocacy, strategic input (e.g. into the CAP and Flash Appeals), capacity mapping and identification of surge capacity;
- provide a link between country clusters and the GNC-CT when needed in terms of issues to be addressed at global and regional levels.

It is helpful for the NCC to maintain communication with focal persons at regional office level on strategies, coverage and gap analysis, nutrition needs, challenges, etc. In addition, it can be helpful to involve regional office support in internal Nutrition Cluster reviews and evaluations. The NCC should liaise with the Regional Nutrition Advisor in order to determine the most effective and efficient channels of communication between regional and country levels, including which other focal persons at regional level should be informed and updated (e.g. emergency focal points and/or child survival focal points).

At the **country level**, UNICEF plays a significant role in developing nutrition policy and guidelines, in sector coordination and in ensuring the delivery of essential nutrition services. UNICEF has incorporated its commitment to emergency preparedness, response and early recovery in nutrition (and other sectors) into the 2010 Core Commitments for Children (CCCs) in Humanitarian Action.[185] As part of UNICEF's preparedness activities, roles and responsibilities are to be clarified; support given to multi-sectoral rapid assessments; guidelines and capacity for nutrition assessments made available; integrated guidelines for the management of acute malnutrition and micronutrient activities established; and advocacy conducted around complementary feeding, IYCF and other issues.

Practically, many of these areas of UNICEF's CCC commitments mirror the activities of the NCC in relation to the Nutrition Cluster. As a result, it is critical to ensure that the working relationship between UNICEF nutrition programme staff and the NCC are clear and complementary.

Resources

- Global Nutrition Cluster (2011). *Nutrition Cluster Coordinator's Training*
- Global Nutrition Cluster (2011). *Standard Operating Procedures. Version 2*
- Global Nutrition Cluster (2011). *TORs for Working Groups*

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185 For more information, see **http://www.unicef.org/lac/CCCs_EN_070110.pdf**.

- IASC (2010). *Handbook for RCs and HCs on Emergency Preparedness and Response*
- IASC (2009). *Operational Guidance for Cluster Lead Agencies on Working with National Authorities* (draft)
- IASC (2009). *Guidance for Humanitarian Country Teams*
- IASC (2008). *Operational Guidance on the Concept of Provider of Last Resort*
- IASC (2008). *Operational Guidance on Responsibilities of Cluster/Sector Leads and OCHA in Information Management*
- IASC (2008). *Terms of Reference for Humanitarian Information Centres (HIC)*
- IASC (2007). *Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies*
- IASC (2007). *Operational Guidance on Designating Sector/Cluster Leads in Ongoing Emergencies*
- IASC (2007). *Cluster/Sector Lead Training. Tip Sheet – Advocacy with National Authorities*
- IASC (2007). *Principles of Partnership, A Statement of Commitment*
- IASC (2007). *Statement on Cluster Roll-Out*
- IASC (2006). *Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response*
- IASC (2006). *Strengthening the Humanitarian Coordinator's System: What is our goal and how do we get there?*
- IASC (2005). *Humanitarian Response Review*
- IASC (2003). *Terms of Reference for Humanitarian Coordinator*
- IASC (1997). *Exit Strategy for Humanitarian Actors in the Context of Complex Emergencies*
- NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Module 2: The humanitarian system: roles, responsibilities and coordination. Version 2*
- UN OCHA (2007). *CRD Desk Officer's Toolkit: Useful guidance on the process for formalising the Cluster Approach and engaging government*

- UNICEF et al. (2009). *Joint letter from Cluster Lead Agencies to their Directors/ Representatives at Country Level*

- ➜ **The GNC website:** http://www.unicef.org/nutritioncluster
- ➜ **Infant Feeding in Emergencies (IFE) – IFE Core Group:** http://www.ennonline.net/ife
- ➜ **Nutrition Guideline Expert Advisory Group (NUGAG):** http://www.who.int/nutrition/events/2011_NUGAG_meeting_14to18March/en/index.html
- ➜ **REACH: Ending Child Hunger and Nutrition:** http://202.53.161.243/reach
- ➜ **UN Standing Committee on Nutrition (SCN):** http://www.unscn.org
- ➜ **Scaling Up Nutrition (SUN):** http://www.unscn.org/en/scaling_up_nutrition_sun
- ➜ **OCHA:** http://www.unocha.org
- ➜ **Background information on the UN system and its role in humanitarian relief:** http://www.un.org/en/globalissues

GLOSSARY

Accountability	The means by which individuals and organisations report to a recognised authority (or authorities) and are held responsible for their actions (NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package*).
Action plan	Defines the role and responsibilities of key actors, and indicates the capacities available to undertake the strategy.
Advocacy	The deliberate process, based on demonstrated evidence, of directly and indirectly influencing decision-makers, stakeholders and relevant audiences to support and implement actions that contribute to the fulfilment of people's rights (UNICEF (2010). *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*).
Affected population(s)	Populations affected by a disaster or emergency, which may include refugees, internally displaced persons (IDPs), host communities and other specific groups, or a combination of these.
Analysis	The detailed, methodical examination of constituent elements, structure and inter-relationships (adapted from Oxford English Dictionary).
Assessment	A structured process of collecting and analysing data to measure the impact of the crisis and to provide an understanding of the situation and any related threats, in order to determine whether a response is required and, if so, the nature of that response. An assessment is a time-bound exercise that produces a report and recommendations to inform decision-making at a particular point in time.
Baseline data	The initial information collected during an assessment, including facts, numbers and descriptions that permit comparison with the situation that existed before and measurement of the impact of the project implemented.
Capacity building	Refers to developing the skills of cluster participants in such a way that they are better equipped to participate and promote actions to safeguard the nutrition status of individuals and populations (L. Gostalow (2007). *Capacity Development for Nutrition in Emergencies: Beginning to Synthesise Experiences and Insights*).
Capacity development	Refers to building ownership, changing systems and creating an enabling environment, as well as technology transfer, skills development and organisational strengthening.
Cluster	A cluster is essentially a sectoral group and there should be no differentiation between the two in terms of their objectives and activities; the aim of filling gaps and ensuring adequate preparedness and response should be the same (IASC (2006). *Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response*).

Cluster Approach	The Cluster Approach is a way of organising coordination among humanitarian actors to facilitate more predictable leadership, improved planning and prioritisation, stronger partnerships and enhanced response capacity and accountability. At country level, it (i) establishes a clear system of leadership and accountability for international response in each sector, under the overall leadership of the Humanitarian Coordinator; and (ii) provides a framework for effective partnerships among international and national humanitarian actors in each sector. The aims are to ensure that international responses are appropriately aligned with national structures and to facilitate strong linkages among international organisations, national authorities, national civil society and other stakeholders.
Cluster Coordinator (country level)	This is a person who has been designated as Cluster Coordinator by the Cluster Lead Agency at the country level. S/he is responsible for the day-to-day coordination and facilitation of the cluster's work (IASC (2009). *Joint Letter from Cluster Lead Agencies to their Directors/Representatives at Country Level*).
Cluster Lead Agency (CLA)	An agency/organisation that formally commits to take on a leadership role within the international humanitarian community in a particular sector/area of activity, to ensure adequate response and high standards of predictability, accountability and partnership, and to serve as provider of last resort (POLR) when necessary (IASC (2006). *Guidance Note on using the Cluster Approach to Strengthen Humanitarian Response*). CLAs are designated at global and country levels.
Cluster partners	Clusters are open to all those involved in the humanitarian response and those who have expertise, resources or information relevant to that particular cluster/sector. This can include national authorities at all levels, national and local NGOs, the private sector, CBOs, affected populations, civil society, the military and peacekeeping missions. Agencies may or may not be able to engage in the cluster due to their specific mandates; however, every effort should be made to ensure that the cluster is open to whatever level of participation agencies can commit. Cluster partners are **not** accountable to either the Cluster Coordinator or to the CLA unless a specific contractual obligation (as implementing partner) has been formalised.
Common service	A support function to facilitate efforts of IASC organisations and the larger humanitarian community administered by one or more organisation(s) and authorised by an established inter-agency process (IASC (2008). *Terms of Reference for Humanitarian Information Centres (HIC)*).
Community-based organisation (CBO)	An organisations whose principal concerns are the welfare and development of a particular community. CBOs may not represent all the households in a particular area.
Connectedness	Refers to the need to ensure that activities of a short-term emergency nature are carried out in a context that also takes into account the longer-term view and interconnected problems (T. Beck (2008). *Evaluating Humanitarian Action Using the OECD-DAC Criteria*).
Contingency planning	A management tool used to analyse the impact of potential crises and to ensure that adequate and appropriate arrangements are made in advance to respond in a timely, effective and appropriate way to the needs of the affected population(s) (IASC (2007). *Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance*).

Coordination	A process (set of activities) that brings different elements into a harmonious or efficient relationship (Oxford English Dictionary).
Coverage	Refers to the need to reach major population groups facing life-threatening suffering wherever they are (T. Beck (2008). *Evaluating Humanitarian Action Using the OECD-DAC Criteria*). This can refer to beneficiary coverage or geographic coverage.
Displacement	Forcible or voluntary uprooting of persons from their homes by violent conflicts, gross violations of human rights and other traumatic events, or threats thereof. Persons who remain within the borders of their own country are known as internally displaced persons (IDPs). Persons who are forced to flee outside the borders of their state of nationality or residence for reasons based on a well-founded fear of persecution on the grounds identified in the 1951 Refugee Convention, or to flee conflict in the case of States Parties to the 1969 OAU Convention or 1984 Cartagena Declaration on Refugees, are known as refugees (ReliefWeb glossary). See also "Internally Displaced Persons (IDPs)" and "Refugees" below.
Early recovery	A process which seeks to catalyse sustainable development opportunities by generating self-sustaining processes for post-crisis recovery. It encompasses livelihoods, shelter, governance, environment and social dimensions, including the reintegration of displaced populations, and addresses underlying risks that have contributed to the crisis.
Early warning system	An information system designed to monitor indicators that may predict or forewarn of impending food shortages or famine. Such systems provide timely and effective information, through identified institutions, that allows individuals exposed to a hazard to take action to avoid or reduce their risk and to prepare for effective response (IASC (2007). *Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance*).
Effectiveness	A measure of the extent to which an intervention's intended outcomes (its specific objectives) have been achieved. Measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs (T. Beck (2008). *Evaluating Humanitarian Action Using the OECD-DAC Criteria*).
Efficiency	A measure of the relationship between outputs (the products produced or services provided by an intervention) and inputs (the resources it uses).
Emergency preparedness	Consists of all activities taken in anticipation of a crisis to expedite effective emergency response. This includes contingency planning, but is not limited to it; it also covers stockpiling, the creation and management of standby capacities and training of staff and partners in emergency response (ODI HPN (2007). *Contingency Planning Review Paper*).
Emergency Relief Coordinator (ERC)	The head of OCHA and chair of the IASC, who reports to the UN Secretary-General. The ERC is responsible for the global coordination of humanitarian assistance.
External communication	A critical component of implementing advocacy activities. It can be defined as the process of gathering, consolidating and disseminating information by the Nutrition Cluster in order to meet the information needs of a wide range of actors in an emergency response (UNICEF (2010). *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*).

Evaluation	A systematic and impartial examination (of humanitarian action) intended to draw lessons to improve policy and practice and enhance accountability (ALNAP).
Food security	A situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (ReliefWeb glossary).
Gender equality	Gender equality, or equality between women and men, refers to the equal enjoyment by women, girls, boys and men of rights, opportunities, resources and rewards. Equality does not mean that women and men are the same but that their enjoyment of rights, opportunities and life chances is not governed or limited by whether they were born female or male (IASC (2006). *IASC Gender Handbook for Humanitarian Action: Women, Girls, Boys and Men – Different Needs, Equal Opportunities*).
Global Cluster Coordinator	The Global Cluster Coordinator is a person designated by the Global Cluster Lead Agency who is responsible for the day-to-day coordination and facilitation of the global cluster's work (IASC (2009). *Joint letter from Cluster Lead Agencies to their Directors/Representatives at Country Level*).
Guiding principles	A range of principles (written or unwritten) which outline "acceptable" behaviours and the way in which activities should be carried out in all circumstances.
Humanitarian Coordinator (HC)	Appointed by the Secretary-General, the HC has overall responsibility for ensuring that the international response in a particular country is strategic, well planned, inclusive, coordinated and effective. This includes establishing inter-sectoral coordination mechanisms, supporting inter-sectoral needs assessments, managing information and providing overall support in advocacy and resource mobilisation for the response.
Humanitarian Country Team (HCT)	The equivalent at country level of the IASC at the global level. Chaired by the Resident/Humanitarian Coordinator, the HCT normally includes the UN and other international organisations that are members of the IASC and are present in the country, together with a similar number of NGOs (national and international) chosen or elected to be representative of the NGO community as a whole.
Humanitarian Information Centre (HIC)	The mission of the HIC is to support the humanitarian community in the systematic and standardised collection, processing and dissemination of information, with the aim of improving coordination, understanding of the situation and decision-making.
Humanitarian Reform	A process launched by the international humanitarian community in 2005 to improve the effectiveness of humanitarian response by ensuring greater predictability, accountability and partnership. The key elements are: (i) the Cluster Approach; (ii) a strengthened Humanitarian Coordinator (HC) system; (iii) more adequate, timely, flexible and effective humanitarian financing; and (iv) the development of strong partnerships between UN and non-UN actors.
IASC Transformative Agenda	The IASC Transformative Agenda, which builds on the Humanitarian Reform process, is a set of concrete actions for large-scale emergencies. It focuses on improving timeliness and effectiveness through stronger leadership, more effective coordination structures and improved accountability.
Impact	The positive and negative, primary and secondary long-term effects produced by a humanitarian action, directly or indirectly, intended or unintended (OCHA (2011). *CAP Guidelines*).

Impartiality	The principle that humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.
In-crisis contingency planning	Refers to contingency planning that is undertaken once an emergency has started in order to anticipate further events that might affect the status of the population.
Incidence	The number of new cases within a period of time.
Indicator	A characteristic of a population or environment that is subject to measurement (directly or indirectly) and that can be used to describe one or more aspects of a humanitarian emergency. Indicators can measure any point in the planning hierarchy (input, output or outcomes). Indicators must be measurable in a practical sense (OCHA (2011). *CAP Guidelines*).
Information management (IM)	The process of receiving and storing data in a way in which it can be quickly retrieved whenever needed, and systematically compiling and analysing this data to generate information for early warning, programme planning, management, evaluation and advocacy purposes.
Inputs	The financial, human, material, technological and information resources used for a humanitarian action (OCHA (2011). *CAP Guidelines*).
Internal communication	Reporting that is specific to the information needs of the individual agency (UNICEF (2010). *Advocacy Toolkit: A guide to influencing decisions that improve children's lives*).
Inter-Agency Standing Committee (IASC)	The IASC is an inter-agency forum responsible for coordination, policy development and decision-making involving key UN and non-UN partners. Under the leadership of the Emergency Relief Coordinator (ERC), the IASC determines who is responsible for what in humanitarian response, identifies gaps and advocates for the application of international humanitarian principles. The IASC is accountable to the ERC.
Inter-Cluster Coordination Group (ICCG)	The formal mechanism for bringing together Cluster Coordinators and focal persons on cross-cutting issues. It is generally facilitated by a dedicated ICCG Coordinator, unless the emergency is small enough in scale for this to be taken on by the RC/HC or another designated focal person.
Internally displaced persons (IDPs)	Persons who have been forced or obliged to leave their homes or habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised state border (ReliefWeb glossary). IDPs are often wrongly called refugees. Unlike refugees, IDPs have not crossed an international border to find sanctuary but have remained inside their home countries. Even if they have fled for similar reasons as refugees (armed conflict, generalised violence, human rights violations), IDPs legally remain under the protection of their own government – even though that government might be the cause of their flight. As citizens, they retain all of their rights and protection under both human rights law and international humanitarian law (UNHCR).
Knowledge management (KM)	The process of capturing, organising and sharing available insights and experience.

Livelihoods	The ways in which people access the means of support that they need to subsist, individually and communally, such as food, water, clothing and shelter.
Monitoring	Monitoring refers to the process of observation, measurement and evaluation of the extent to which inputs (the financial, human, material, technological and information resources used for a humanitarian action) and outputs (the products, goods or services that are the direct results of a humanitarian action) are progressing according to a specific plan, so that action can be taken in a timely manner to address any gaps (NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package*/ReliefWeb glossary).
National authority	Refers to the internationally recognised or de facto national government of a country in which a humanitarian operation is taking place, including all line ministries, departments, institutions, agencies and other actors exercising governmental authority at both national and sub-national levels (IASC (2009). *Operational Guidance for Cluster Lead Agencies on Working with National Authorities* (draft)).
Neutrality	The principle that humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.
Nutritional surveillance	The regular collection of nutrition information that is used for making decisions about actions or policies that will affect nutrition (NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package*).
(Anthropometric) nutrition survey	Survey to assess the severity and extent of malnutrition (NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package*).
Office for the Coordination of Humanitarian Affairs (OCHA)	A branch of the UN Secretariat, created specifically to improve coordination between UN agencies and other organisations in areas affected by humanitarian crises. OCHA is not normally present in stable countries and intervenes only at the onset of a crisis that requires the joint effort of the humanitarian community.
Outcome	The short-term or medium-term effect of a humanitarian action on the affected population. Outcomes are often the result of multiple outputs (OCHA (2011). *CAP Guidelines*).
Output	The products, goods or services that are the direct results of a humanitarian action (OCHA (2011). *CAP Guidelines*).
Partners	Individuals and organisations who collaborate to achieve mutually agreed objectives.
Partnership	The concept of "partnership" connotes shared goals, common responsibility for outcomes, distinct accountabilities and reciprocal obligations. Partners may include governments, civil society, UN agencies, NGOs, universities, professional and business associations, multilateral organisations, private companies, etc.

Performance	Refers to whether a service is available, is of adequate quality and is used, and whether coverage is achieved. In the context of the Cluster Approach, performance refers to whether or not the use of the approach has contributed to improvements in specific characteristics of response, including but not limited to predictable leadership, partnership and cohesiveness, accountability, gaps filled and greater coverage, ownership and connectedness.
Planning assumptions	Aspects of the current situation or its future development that are used as the basis for planning.
Preparedness	Activities and measures taken in advance to reduce or avoid possible damages from potential or impending threats and to be ready to assist people who have been adversely affected by a disaster and who need help beyond their coping mechanisms. This includes the issuance of timely and effective early warnings and the temporary evacuation of people and property from threatened locations.
Prevalence	The percentage of the population with a specific characteristic at a given point in time (NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package*).
Primary data	Data gathered by a needs assessor directly from a respondent.
Provider of last resort (POLR)	In the Cluster Approach, this refers to the responsibility of Cluster Lead Agencies to provide services under specific conditions of security, capacity and adequate resources.
Qualitative data	Information based on observation and discussion, which can include perceptions and attitudes.
Quantitative data	Numerical information, such as numbers of intended recipients, payments disbursed, cash transferred or days worked, broken down by gender, age and other variables.
Rapid assessment	An assessment that provides immediate information on needs, possible types of intervention and resource requirements. May be conducted as a multi-sectoral assessment or in a single sector or location.
Refugee	A person who, owing to fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, or for reasons owing to external aggression, occupation, foreign domination or events seriously disturbing public order in his/her country of origin or nationality, is compelled to leave his/her place of habitual residence in order to seek refuge outside his/her country of origin or nationality and is unable or, owing to such fear, is unwilling to avail him/herself of the protection of his country of origin or nationality (ReliefWeb glossary).
Returnees	Refugees who have returned to their country or community of origin (ReliefWeb glossary).
Resident Coordinator (RC)	Typically the most senior UN representative in-country, the RC represents all organisations of the UN and has a mandate to coordinate their activities. S/he chairs the UN Country Team and is appointed by the UN Secretary-General.

Risk assessment/ analysis	A methodology to determine the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability that could pose a potential threat or harm to people, property, livelihoods and the environment on which they depend. The process of conducting a risk assessment is based on a review of both the technical features of hazards such as their location, intensity, frequency and probability, and also on an analysis of the physical, social, economic and environmental dimensions of vulnerability and exposure, while taking particular account of coping capabilities pertinent to the risk scenarios (ISDR).
Scenario building	The process of presuming the likely consequences of a hazard and establishing planning assumptions (IASC (2007). *Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance*).
Seasonality	Seasonal variation of various factors, such as disease, different sources of food or the agricultural cycle, which affect nutritional status.
Secondary data	Data that is collected by others and reviewed and analysed by an assessor.
Stakeholder	An agency, organisation, group or individual that has direct or indirect interest in a particular activity, or its evaluation.
Stakeholder analysis	Stakeholder analysis is an analysis of the interests and relative influence of the various stakeholders involved.
Standard	Desired level of programme delivery and impact in terms of quality (NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training* Package). Guiding principles, policies and technical standards (i.e. specifications for implementation and monitoring of programming) define the way in which work should be conducted and monitored.
Strategy	The approach used to achieve one or more defined objectives.
Strategic (response) plan	A strategic (response) plan is a concise document that outlines the actions to be taken to achieve the defined objective, or set of objectives, specifying timeframes and responsibilities for implementation (WHO (2008). *Managing WHO Humanitarian Response in the Field*).
Strategic operational framework	Comprises the same elements as a strategic plan, plus agreed guiding principles and standards to inform response planning and actions.
Targeting	Restricting the coverage of interventions to the people identified as the most vulnerable (NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training* Package).
UN Country Team (UNCT)	Includes representatives of the operational UN agencies already resident in the country. Its role in major new emergencies is limited, with primary responsibility being undertaken by a broad-based HCT. It reports to the RC.
Vulnerability	The characteristics of a person or group in terms of their capacity to anticipate, cope with, resist and recover from the impact of a natural or man-made hazard.
Vulnerable groups	Groups or individuals more vulnerable to increased mortality and morbidity, and the impact of future disasters, than other members of the population.

- ➜ **Nutrition-related terminology** can be found in the glossary of The Harmonised Training Package (Version 2) at **http://www.unscn.org/en/gnc_htp/modul.php?modID=27**

- ➜ **ReliefWeb's glossary of humanitarian terms** can be found at **http://www.reliefweb.int/rw/lib.nsf/db900SID/AMMF-7HGBXR?OpenDocument**

Annex 1:

PRIMARY RESOURCES FOR THE NUTRITION CLUSTER HANDBOOK

- Guidance documents on the Cluster Approach developed by the Inter-Agency Standing Committee (IASC), including:
  - IASC (2009). *Operational Guidance for Cluster Lead Agencies on Working with National Authorities* (draft)
  - IASC (2009). *Joint Letter from Cluster Lead Agencies to their Directors/ Representatives at Country Level*
  - IASC (2008). *Operational Guidance on the Concept of Provider of Last Resort* (draft)
  - IASC (2007). *Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies*
  - IASC (2007). *Operational Guidance on Designating Sector/Cluster Leads in Ongoing Emergencies*
  - IASC (2007). *Principles of Partnership, A Statement of Commitment*
  - IASC (2006). *Guidance Note on using the Cluster Approach to Strengthen Humanitarian Response*
  - IASC (1997). *Exit Strategy for Humanitarian Actors in the Context of Complex Emergencies*
- Reviews of cluster function by:
  - the IASC: *Cluster Approach Evaluation (2007) and Cluster Approach Evaluation 2. Synthesis Report* (2010)
  - the Global Nutrition Cluster: L. Gostalow (2007). *Nutrition Cluster: A lesson learning review and GNC (2009). How Nutrition is Framed in the Consolidated Appeals Process (CAP): A review of 1992 to 2009*
  - NGO partners: ActionAid (2006). *The Evolving UN Cluster Approach in the Aftermath of the Pakistan Earthquake: an NGO perspective*.
- Real-time evaluations, country-level evaluation and lesson learning, as cited.
- Other cluster handbooks and coordination handbooks:

- Child Protection Working Group (2010). *Child Protection in Emergencies Coordinator's Handbook*
- Education Cluster (2010*). Education Cluster Coordinator Handbook*
- FAO (2010). *Cluster Coordination Guide: Guidance for FAO staff working at country level in humanitarian and early recovery operations*
- Health Cluster (2009). *Health Cluster Guide: A practical guide for country-level implementation of the Health Cluster*
- OCHA (2010). *Shelter after Disaster: Strategies for transitional settlement and reconstruction*
- J. Shepherd-Barron (2011). *Clusterwise 2: Everything you wanted to know about clusters but were afraid to ask*
- Water, Sanitation and Hygiene (2009). *WASH Cluster Coordination Handbook: A practical guide for all those involved in the Water, Sanitation and Hygiene Cluster*
- Water, Sanitation and Hygiene (2009). *WASH Resource Mobilization Handbook*

- Nutrition tools and resources:
  - NutritionWorks, Emergency Nutrition Network, Global Nutrition Cluster (2011). *The Harmonised Training Package (HTP): Resource Material for Training on Nutrition in Emergencies. Version 2*
  - GNC (2008). *A Toolkit for Addressing Nutrition in Emergency Situations*.
- Training materials in cluster coordination:
  - GNC (2009). *Nutrition Cluster Coordinator Training*
  - IASC (2007). *Cluster Sector Lead Training*
  - UNICEF, WHO (2008). *Tricluster Coordinators Training*.
- First-hand experience of nutrition in emergencies practitioners in the field.

Annex 2:

KEY POINTS IN ADVOCATING THE CLUSTER APPROACH

WHAT IS IT?

- A dynamic approach that facilitates joint efforts, supporting the intervention
- It supports the strategy and leadership of the national authority, and fills gaps where needed
- A predetermined structure for rapid organisation of relief efforts
- A flexible approach, recognising that each emergency is unique.

WHAT IS IT NOT?

- It is not an attempt to undermine the government response, but strives to help strengthen government or existing coordination.
- It is not UN-centric; it depends on the active participation of all IASC members, e.g. UN agencies, the Red Cross/Crescent Movement and NGOs.
- It does not divert resources, since donors are making additional funds available to improve response capacity, without cutting development budgets.
- It is not a “one size fits all” approach, recognising that in each emergency it is up to humanitarian actors on the ground, in consultation with relevant government counterparts, to determine the priority sectors for the response.

WHAT DOES IT OFFER?

To all:

- A structured approach, improving predictability and quality of response
- Resources and capabilities to respond quickly and effectively
- A process for identifying, avoiding and filling gaps in the humanitarian response.

To the national authority/government:

- Continued control, with improved speed, coverage and quality of response
- Clear TORs and streamlined communications through pre-designated Cluster Lead Agencies
- Reduction of workload through clusters, organisation and coordination of efforts, and reduced requirement to interact directly with multiple partners
- Crucial external experience and technical expertise
- Opportunity for attracting additional resources and popular support.

To international NGOs and UN agencies:

- Access to technical support and clarity on standards of response
- Reduced risk of duplication or conflict between agencies or beneficiaries
- Increased networking and means to engage with donors and government
- Collective power in advocacy, mobilising resources, etc.
- Sharing of resources and expertise
- Reduced risk of lone decision-making and accountability to affected populations.

To donors:

- More strategic and evidence-based rationale for funding
- Greater coordination and reduced duplication between implementing partners
- Closer dialogue and access to a range of implementing partners
- A more active role in response planning.

To local actors:

- Increased chance of involvement in the response
- Access to resources and capacity building opportunities
- Better understanding of the international aid process, standards, etc.
- Access to donors and potential partners
- Means of promoting local interests and initiatives
- Better organisation and access to information at local level.

Annex 3:

CHECKLISTS FOR COORDINATION MEETINGS (AGENDA, PREPARATION, FACILITATION AND FOLLOW-UP)

An agenda for initial meetings	An agenda for subsequent meetings
• Welcome and introductions • Overview of the meeting • Ground rules for the meeting • Overview of the cluster and role of the Nutrition Cluster Coordinator (NCC) (and clarify role with Cluster Lead Agency (CLA)) • National authority/NCC briefing on what is known on the nutrition situation, and identifying gaps in current information • Initial Who, What, Where (3W) information • Identifying known nutrition needs and response gaps • Identifying priority needs and actions • Defining initial working arrangements, including frequency of meetings, language of communication, cluster structure, information sharing mechanisms and the need to create a TOR for the group	• Welcome and introductions • Overview of the meeting • Ground rules for the meeting • Additions to the agenda • Endorsement of previous minutes • Update on changes in the 3W information • Update on action points from the previous agenda • Emerging issues • Feedback from Strategic Advisory Group (SAG), Technical Working Group (TWG), Information Management Working Group (IMWG) • Cross-cutting issues and vulnerable group issues • Any other business • Feedback on the cluster

CHECKLIST FOR PREPARATION FOR A COORDINATION MEETING

To do:	To consider:
Coordinate timing with other clusters and key parties	• Ensure that the timing of the meeting is convenient to key participants, including those whose agreement is required to achieve the meeting's objectives. • Liaise with the UN Office for the Coordination of Humanitarian Affairs (OCHA) to find out the timings of other cluster and national authority meetings. It may be important to modify timing to take into account the meeting times of other key clusters, in particular Health and Food Security, as many nutrition partners may also be engaged in these clusters. It is not always possible to accommodate everyone but every effort should be made, so as not to undermine participation. • Be proactive in ensuring that participants are notified with adequate time to make arrangements to attend. • In the event that key counterparts or partners cannot attend, consider a follow-up bilateral briefing after the meeting.
Book the venue and catering, and ensure that access is possible	• Identify a location that is convenient to the majority of the participants, in terms of access, transportation, parking and security access. • If the national authority is the co-lead, or at least is participating in the cluster, explore hosting the meeting at the national authority's premises, or at a neutral venue. • The set-up of the venue should encourage conversation. • Ideally refreshments (e.g. tea and coffee) should be provided to foster a collaborative atmosphere and to allow for informal discussion prior to and after the meeting. • If security procedures require a list of names for entry to the venue, ensure that security staff have the names of the organisations and participants and that they know how to contact you if others not on the list arrive to participate.
Circulate the agenda, invitation and background materials	• This may be challenging to do before the first meeting. If meetings are frequent, consider handing out materials for partners to review at one meeting, to be discussed at the next meeting. If partners have uninterrupted access to the Internet, consider posting on a Nutrition Cluster website (see Chapter 3 on information management (IM)). • Make additional copies for distribution at the meeting. • Prepare materials for facilitation of the meeting, e.g. PowerPoint slides, flipcharts or maps, with additional resources to capture information visually during the meeting (additional flipcharts, markers, etc.). • Ensure that OCHA knows that the meeting will take place and that it is posted on the OCHA meeting notification board. • If meetings are held regularly in one place and at one time, this information can be circulated on the cluster website or on posters in key areas where agency personnel are likely to visit.

To do:	To consider:
Arrange for translation options	● It can be expensive and difficult to arrange for dedicated simultaneous translation during meetings. Consider discussing resources to do this with the CLA, liaise with OCHA for support and arrange for CLA staff to support and engage partners to share expertise. ● If simultaneous translation is not possible, partners who do have some support from their own offices can consider sitting together during the meeting. ● The main points should at least be summarised in the operational languages.
Ensure that any and all additional equipment is identified and sourced prior to the meeting	● Ensure that you know how to contact IT personnel for support in the event that the equipment ceases working or will not set up.

CHECKLIST FOR FACILITATION OF A COORDINATION MEETING

To do:	To consider:
Circulate a sign-in sheet with basic contact information (see IM contacts sheet)	Have this available on the table, ensure that it is circulated and, before the end of the meeting, remind people to fill it in.
Ensure that contact information for the cluster and any relevant website information is clearly posted, and that copies of the agenda are available for those who arrive without one	If possible, have a dedicated mobile phone number and email address for the NCC position, as opposed to personal ones. This will ensure continuity of information and access to contacts even if the NCC post-holder changes.
Introduce the chair(s) of the meeting. Start with a statement that sets the tone for the meeting	If the national authority is present, and engaged as a co-lead or supportive partner, invite its representative to open the meeting and then hand over to the NCC, if the NCC is chairing the meeting.
Set ground rules for the meeting	Outline how the meeting will be conducted, highlighting any specific issues that participants may need to know. Ensure that they have a chance to add to the ground rules and that there is broad consensus on these.

To do:	To consider:
State the purpose of the meeting that day, the desired objectives and whose agreement is needed for what objectives	It is critical that people in the room understand what the main outcomes of the meeting should be, and that they are clear on their specific roles in reaching those outcomes.
Open up for additional input into the agenda	Normally any matters arising can be handled under "Any other business". Accept minor changes if there is consensus. Issues that require a lot of discussion may need to be deferred to the next meeting.
Make introductions	If there are many participants, this may not be practical after the first meeting. The NCC will have participants' names, contact details and functions on the attendance sheet. New participants who have not attended before should, however, introduce themselves. Consider putting cards with agency names on tables if there is a lot of staff turnover for agencies and there are no media representatives present. Speakers should still mention their names, functions and agencies when intervening. Individuals who are working for the media should make their affiliation known. If the media is present, inform the room that everything that follows is "off the record" and that the affiliation of the speaker will not be mentioned unless specifically requested.
Identify who will be taking minutes for the meeting	Advise this person that the notes should be action-oriented and should capture the main points of the discussion. Even if the media is present, there is a need to capture the outcomes of the meeting.
Check for any corrections to the minutes from the previous meeting. Provide updates on progress made on items not covered by the agenda	Depending on the time since the previous meeting, partners should have had a chance to review and correct meeting minutes. This may not be possible when meetings are held on a daily basis. Ensure that partners have a chance to make public corrections to the meeting minutes, and ensure that these are incorporated and that the updated versions are circulated to the group. Update partners on action points arising from the meeting notes of the previous meeting that have not been covered during the meeting.
Move through the agenda, directing new participants to additional information to ensure that there is a balance between filling in information gaps and moving forward	Using the facilitation skills outlined in Chapter 2 (Table 2.5), present the issues; invite participants to speak; summarise, reformulate and note key discussion points; clarify, elaborate and discuss when requested or needed; summarise action points before moving on to the next agenda item; and observe body language and the verbal and non-verbal cues of the group to ensure that the meeting retains a productive atmosphere.
Conclusions and next steps	Reiterate the objectives mentioned at the beginning of the meeting, indicating where agreement has been reached and the follow-up action decided upon. Announce the next meeting and/or any other events of note.

To do:	To consider:
Request input into any issues that need to be addressed in the next agenda and feedback on the meeting	Request suggestions on how to improve the manner in which the meeting was held; these can be shared either at that point or bilaterally after the meeting.

CHECKLIST FOR FOLLOW-UP AFTER A COORDINATION MEETING

To do:	To consider:
Ensure that all issues related to the venue are addressed	Make sure that air-conditioning and electricity systems are left in accordance with the venue's standards. Ensure that leftover documents are collected and that the venue is accessible for the next meeting. Return any IT equipment as needed.
Collect the attendance sheets	Ensure that attendance is tracked according to the type of participant (donor, large/small NGO, other sectors, national authority, media, other institutions). Update the lists of contacts.
Circulate the meeting notes/minutes within 24 hours according to mechanisms and standards agreed upon in the ground rules	Capture only the key issues discussed and actions/responsibilities/deadlines indicated. Ensure that these are filed systematically for the cluster (see Chapter 3 on IM). Information should be shared systematically between national and sub-national cluster coordination mechanisms.
Meet local stakeholders, key participants and stakeholders	Proactively ensure that key participants are briefed on the outcomes of the meeting.

Annex 4:

SUMMARY TIPS FOR INFORMATION MANAGEMENT (IM)

Area	Points to consider
Tips for IM in general	• Prioritise IM as part of emergency preparedness. • Maximise capacity for IM by expanding partnerships. • Preserve institutional operational memory through the active involvement of government and cluster partners. • Build on IM systems within the national authority. • Use technologies that are appropriate to the context. • Use open data formats and inter-operable technologies. • Promote awareness of the importance of IM and training. • Identify IM resource gaps and mobilise adequate resources. • Consider the capacities of cluster participants in supplying data i.e. operating systems and software capacity, Internet access/restrictions, etc. • Establish clear procedures and guidance for data collection, processing, analysis and use, including metadata and how data is handled e.g. rounding of numbers in analysis, denominators and population data, disaggregation of age groups (e.g. children 0–59 months), gender disaggregation, etc. • Establish rules and guiding principles for dealing with the media, including promoting the use of commonly agreed and realistic figures, in order to avoid damaging, incorrect statements.
Tips for data collection	• Keep information requirements to a minimum; ask only for the information you need. • Collect only the data you need to guide immediate decision-making. Data rapidly becomes outdated, so only collect what you need, when you need it and in a form that is useful e.g. disaggregated and in standard formats. • In data collection, do not confuse community-level information with individual case information. Always take account of the confidentiality levels needed for both groups. • Be proactive yourself in collecting data i.e. through continuous contact, telephone contact. • Keep IM systems and tools as simple as possible. • Involve clusters at sub-national level and local and national partners in the selection of datasets and development/adaptation of IM tools. • Disaggregate data by gender, sex and location to help understand who is affected, how many people, and where. • Verify and record the sources and probable reliability of all data and information received. • In any situation of conflict or repression, respect the confidentiality of informants who do not wish their identities to be revealed. • Ensure that data is geo-referenced with P-codes.

Area	Points to consider
Tips for data management	● Ensure that there are guidelines for how data and files will be named, stored, and collated or summarised. ● File formats: many agencies may be working with the latest version of Microsoft Office, but partners may be using a wide range of software packages. Information may need to be circulated in earlier versions of the software in order to be accessible to all. ● File names need to be clear and consistent so that data can be retrieved easily. The file name should include the contents, date and version number. It is better to use a version number than "new, "old" or "final", since these are relative and may change. ● Whenever you modify a file that has previously been distributed to another computer, increase the version number in order to keep track of which file is the most current. ● Use underscores instead of spaces in file names to avoid poor computer performance and problems storing documents online or retrieving them from a crashed hard drive. ● File materials in folders with consistent organisation and clear labels. Having to sort through a large volume of documents wastes time. Folders and sub-folders can always be adapted to accommodate the data that is stored.
Tips for analysis	● Cross-check or "triangulate" data from different sources whenever possible. ● Ensure that methodologies are similar and comparable when compiling information. ● Consider possible margins of error in data and the implications for decisions, including confidence intervals where appropriate. ● Keep a record of the data sources and calculations that are used to generate a figure. This type of record is called a "data audit trail".
Tips for using analysis and outputs	● Show that the coordination mechanism has the capacity to analyse and disseminate information to the benefit of all, to overcome any initial reluctance by individual agencies to share strategic information. ● Specify the sources and the limitations of any data issued or disseminated. ● When quoting data or reporting information, always provide an analysis of its significance. Numbers are not enough on their own and may be misinterpreted. ● Make information useful for others, e.g. share it visually. A simple map may provide more inputs and be more useful in a moment of difficulty and stress, and may serve as a better contribution than a 100-page report. ● Provide the date and source of all information to mitigate the risk of using outdated information. ● Remember that all data reported by the cluster and by individual stakeholders will be scrutinised by the press and by donors. Many agencies have a responsibility to local governments and must be aware of the political repercussions of disseminating sensitive information. Particularly sensitive or confidential information must be carefully controlled so that it reaches only those who need it for decision-making. ● Ensure that all outputs include the sources of data (where appropriate) and a suitable disclaimer about accuracy and liability. ● At the beginning of a response, work with estimates and rough data initially: do not wait for "perfect" data and thus delay the response.

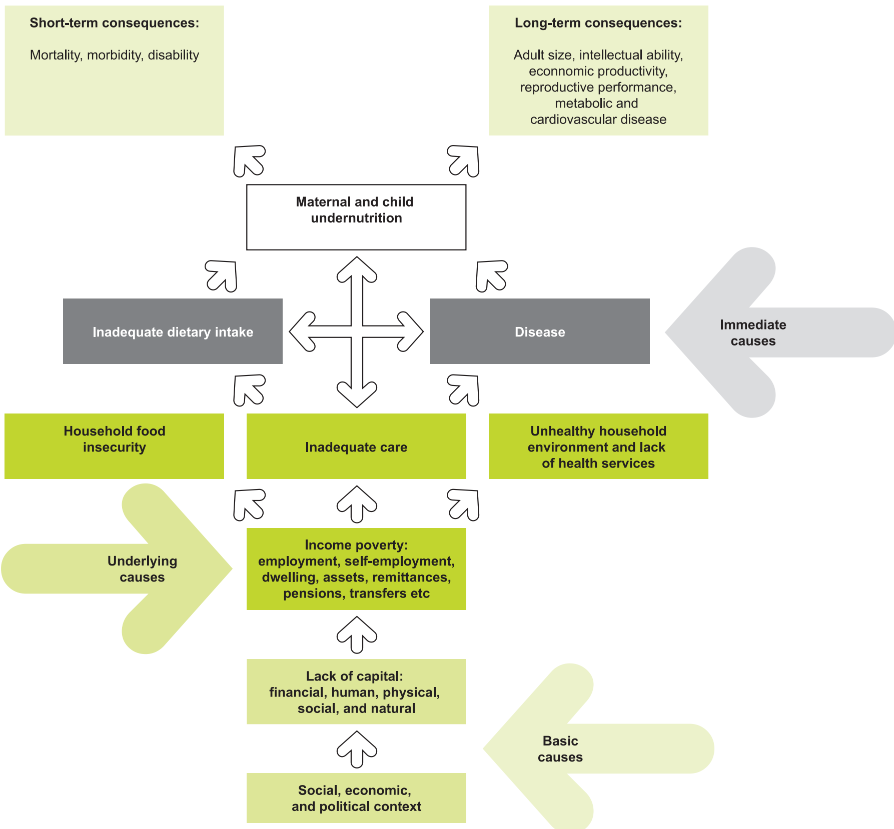
Area	Points to consider
Tips for archiving and backing up	● Archiving and backing up are absolutely necessary and must be done regularly. As files become less immediately relevant to an operation, it is possible to strategically archive data where it can be retrieved later if necessary. Because data is so fragile, it is vital that extra precautions are taken in backing it up. ● Back-up can be done at several levels, depending on the resources available: ● For routine, daily back-up of master datasets, downloading to a portable USB flash drive (memory stick) or burning a CD/DVD are appropriate options. ● A portable external hard drive is usually necessary to back up all of the folders that you may be maintaining on your laptop. Laptops often fail in environments of extreme heat, humidity or dust; in these conditions it is especially important that back-ups are done frequently and consistently. Laptops can also easily be stolen. It is a good idea to store your back-up media in a secure place different from your laptop, i.e. not in the laptop bag. ● If Internet resources are available, it is possible to email important data to yourself on a web-based email account. Another possibility is to subscribe to online back-up services such as “box” or “ibackup”. ● In longer deployments there may be a centralised file server – this should have a robust back-up solution. IT specialists should also configure the servers to use a combination of mirrored or RAID-array hard drives and external back-up solutions. These are techniques for duplicating data across a number of hard drives in case of a hardware failure. ● Viruses are very common in deployments, so keep your data clean and disinfected. Use high-quality anti-virus software and keep virus definitions up to date. ● There are various file-sharing systems available that store files and can synchronise with other users or computers. In locations where Internet access is not an issue, this can be an extremely effective method of sharing key documents with a team of colleagues without using a networked file server. Some options to consider are “Dropbox”, “iDrive” or “MS SharePoint Workspace” (“MS Groove”). ● Develop a system for backing up data regularly and for maintaining “version control”. There are a number of options for storing data, e.g. hard drives, additional computers, networks, online storage utilities.

Annex 5:

CONCEPTUAL FRAMEWORKS

The Nutrition Cluster Coordinator (NCC) needs to understand technical frameworks used by other clusters, so that s/he can effectively make conceptual and analytical links through inter-cluster coordination and better communicate it to humanitarian stakeholders. Some priority frameworks are described below.

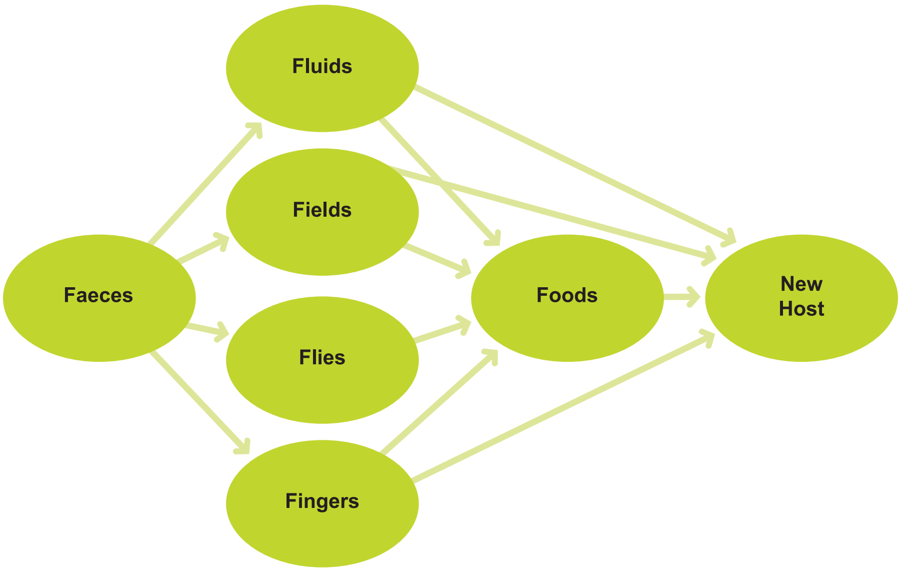
The **conceptual model of undernutrition** outlines the direct, underlying and basic causes of undernutrition. It was updated in 2008 to reflect the short- and long-term impacts on maternal and child undernutrition. For more information, see R. Black et al. (2008) *Maternal and child undernutrition: global exposures and health consequences. The Lancet.* Vol. 371, Issue 9608, pp.243-260.



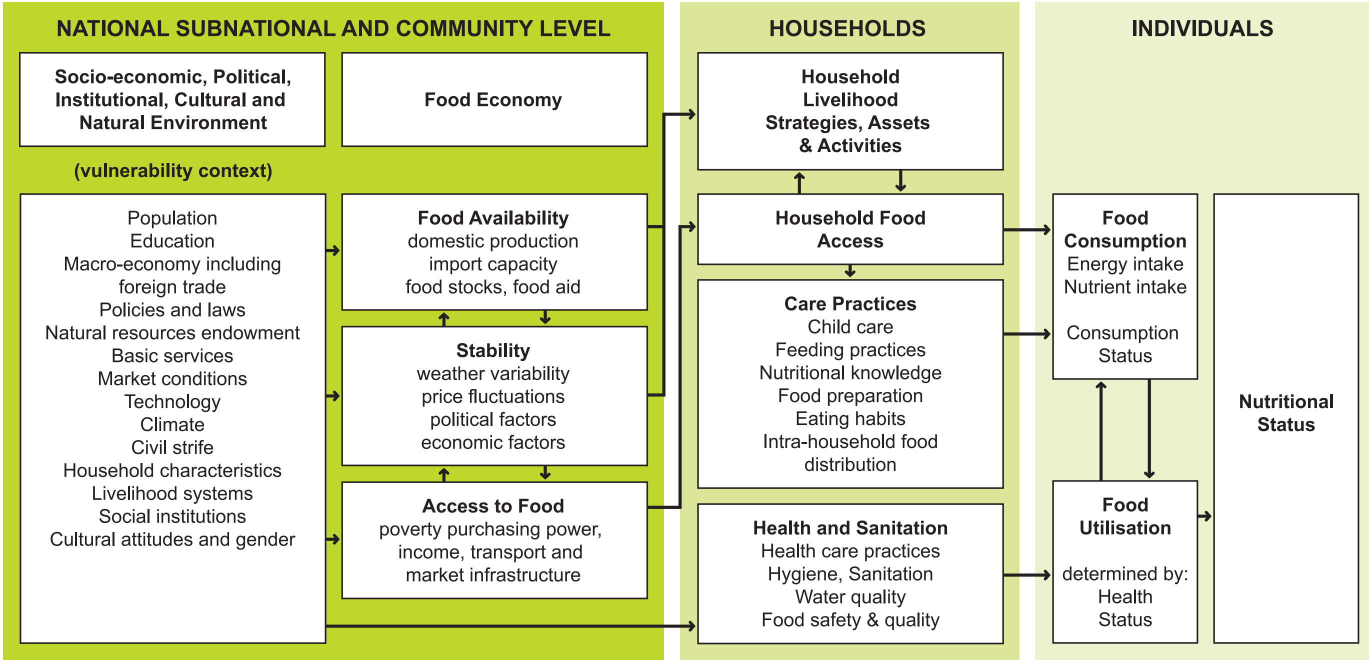
WASH CONCEPTUAL FRAMEWORK

The **Global WASH Cluster** *Inter-cluster matrices of roles and accountabilities* outline a range of practical areas of collaboration and responsibility between the WASH Cluster, the Health Cluster and the Nutrition Cluster across areas of potential overlap.

It is helpful for the NCC to understand the causal pathways of waterborne diseases and diarrhoea, e.g. as outlined in the "F diagram", which shows different pathways that microbes in diarrhoea take from faeces, through the environment, to a new host. By being familiar with these pathways, the NCC can help to advocate for adequate incorporation of WASH programming within nutrition programming.



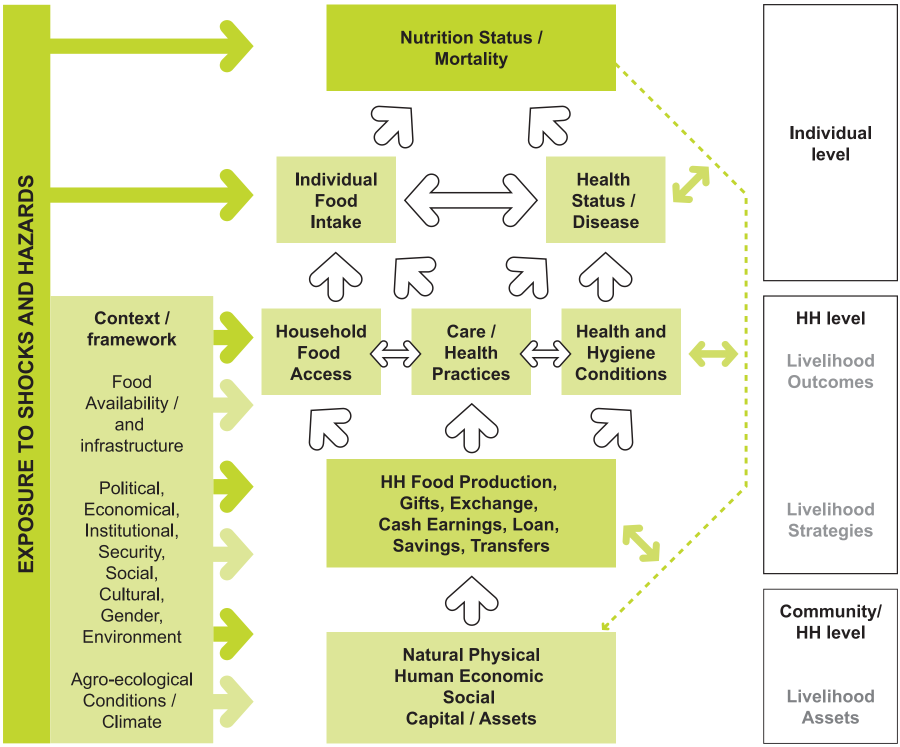
FAO/FIMVIMS Framework: linkages between the overall development context, the food economy, households, and individual measures of well-being



The **Food Insecurity and Vulnerability Information and Mapping (FIVIMS)** conceptual framework reflects the multi-sectoral nature of food security and explains the interplay between three important factors in determining food security: the overall socio-economic, political and natural environment; the performance of the food economy; and household-level factors. For more information, see **http://www.fivims.org/index.php?option=com_content&task=blogcategory&id=20&Itemid=37**.

The sustainable livelihoods approach is based on the recognition that there is not a direct link between economic development and poverty reduction and that poverty is related to many other dimensions. There are several sustainable livelihoods frameworks in use. Core models are discussed further in F. Lasse (2001). *The Sustainable Livelihoods Approach to Poverty Reduction: An Introduction.*

The Food Security Framework adopted by the **World Food Programme** (WFP)'s Emergency Food Security Assessments considers food availability, food access and food utilisation as core determinants of food security, and links



these to households' asset endowments, livelihood strategies and political, social, institutional and economic environment. For more information, see **http://home.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp203246.pdf**.

The **Integrated Food Security Phase Classification (IPC)** is an effort led by the UN Food and Agriculture Organization (FAO) to translate the work of the Food Security and Nutrition Analysis Unit (FSNAU) in Somalia into a global classification system. The IPC is a standardised tool that provides a common system for classifying food security across countries. It organises and presents information on food security, nutrition and livelihood indicators and processes collected through different methods to map countries according to five phases of food security/humanitarian crisis. For more information, see **http://www.ipcinfo.org**.

Annex 6:
TEMPLATE FOR A NUTRITION CLUSTER COORDINATOR (NCC) HANDOVER NOTE

Contact information

- Name, contact information after the emergency, duration of service.

Current status of the coordination mechanism

- Coordination team structure and contacts
- Members, timing, meetings, linkages, relation with sector and other mechanisms
- Overview of Nutrition Cluster documentation strategy, standards, guidelines, advocacy materials
- Overview of Nutrition Cluster engagement with GNC-CT and regional office of the CLA
- Overview of engagement with other clusters and cross-cutting issue focal points.

Overview of the emergency response and lessons learned

- Snapshot of each area of technical intervention and coordination issues around each one, e.g. assessments, standards, capacity building, supplies and resources, monitoring and contact persons
- Lessons learned or key things to keep in mind in relation to specific technical areas and/or the coordination function.

Other follow-up action

- Action points, e.g. proposals to write, donor reporting to write for Nutrition Cluster resource mobilisation
- E.g. any administrative issues that are in process with the CLA in relation to support to the Nutrition Cluster such as human resources, funding follow-ups, etc.

Additional information

- Any other information that the individual feels is relevant to communicate.

Relevant documents attached/packaged or directions on where to find them.

COLOPHON

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